# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	2024 calendar year, or tax year beginning and	ending		
<b>B</b> c	heck if oplicable	C Name of organization		D Employer identifie	cation number
Г	Addres				
	Name change			86-60002	94
	Initial  return  Final	,	Room/suite	•	
	return/ termin		100	602-252-	
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	19,913,414.
	_return	PHOENIX, AZ 85010-0200		H(a) Is this a group re	
	_tion _pendir	F Name and address of principal officer: OCEL F. ENGLAND		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: 501(c)(3) X 501(c) ( 6 ) (insert no.) 4947(a)(1) (	or 52	<b>–</b>	list. See instructions
	Vebsit		I Vaa	H(c) Group exemption	
	orm of I <b>rt I</b>	organization: X Corporation Trust Association Other  Summary	L Yea	r of formation: 1933 N	1 State of legal domicile: AZ
1 0		Briefly describe the organization's mission or most significant activities: REGUI	T. አጥፑር	አርጥፒኒኒፎ አጥጥር፤	NEVC TH
ė		ARIZONA AND PROVIDES EDUCATION/DEVELOPMEN			
Activities & Governance		Check this box if the organization discontinued its operations or dispos			
err				1 1	26
é		Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)			26
જ					113
ties		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			2268
ţi		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12			1,553,362.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			256,847.
_	D	Net unrelated business taxable income nonn onn 990-1, Part I, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,078.	6,279.
Пe				18,245,810.	18,550,308.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		382,110.	449,767.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		747,545.	805,234.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		19,376,543.	19,811,588.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		756,351.	301,474.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		10,481,818.	10,822,949.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ben		Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ĕ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,632,709.	6,874,241.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		17,870,878.	17,998,664.
		Revenue less expenses. Subtract line 18 from line 12		1,505,665.	1,812,924.
or es			В	eginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)		28,773,235.	31,698,842.
Ass	21	Total liabilities (Part X, line 26)		5,404,158.	5,473,010.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		23,369,077.	26,225,832.
	rt II	Signature Block			
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	
Sigr	1	Signature of officer		Date	
Her	е	JESSICA IENNARELLA, CFO			
		Type or print name and title			
		Preparer's name Preparer's signature		Date Check	PTIN
Paid		BRENDA ANN BLUNT, CPA BRENDA ANN BLUNT	r, ce	11/13/25 self-employ	
Prep		Firm's name EIDE BAILLY LLP		Firm's EIN 4	<u>5-0250958</u>
Use	Only	Firm's address 2355 E CAMELBACK RD, STE 900			
		PHOENIX, AZ 85016-9065		Phone no. 48	0-315-1040
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

including grants of \$

) (Revenue \$

Total program service expenses

Form 990 (2024) STATE BAR OF ARIZONA
Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			3,7
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	v	
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b> </b> ₩
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<b> </b> ₩
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			, v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			3,7
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		3.7	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	l		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			<b> </b> ₩
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		X
	Schedule D, Parts XI and XII	12a		Α.
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	105	Х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	47	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		X
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u>                                   </u>		<del> </del>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<del>  10</del>		<del></del>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>-''</b> -		<del> </del>
10		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		+
IJ		19		X
20a	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20a		<del>  ^</del>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
Z 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
	democracy government on that the condition by some in the first complete of the quite it. Parts I and it	1 4 1		

Form 990 (2024) STATE BAR OF ARIZONA
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	, , , , , , , , , , , , , , , , , , ,	24a		x
<b>h</b>	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
		240		$\vdash$
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		$\vdash$
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	•	28c		x
20	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<b> </b> ₩
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

STATE BAR OF ARIZONA 86-6000294 Page 5 Form 990 (2024) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 113 filed for the calendar year ending with or within the year covered by this return 2a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O Х 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts Х were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year ...... 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

If "Yes," complete Form 6069.

STATE BAR OF ARIZONA 86-6000294 Page 6 Form 990 (2024) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 26 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 26 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website \_\_ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

statements available to the public during the tax year.

JESSICA IENNARELLA, CFO - 602-340-7218 4201 N 24TH ST, STE 100, PHOENIX, AZ

State the name, address, and telephone number of the person who possesses the organization's books and records

85016-6266

### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l	mea	((	<u> </u>	.,,,	oute	(D)	(E)	(F)
Name and title	Average	(440		Pos	ition	l than d		Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	m pen		1099-NEC)	1000 NEO)	and related
	below	ndividual trustee or	nstitutional trustee	er	employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) JOEL ENGLAND	55.00									
CEO/EXECUTIVE DIRECTOR				Х				221,210.	0.	40,649.
(2) MARET VESSELLA	55.00									
CHIEF BAR COUNSEL				Х				188,975.	0.	24,128.
(3) LORI MAXWELL	50.00									
CHIEF INFORMATION OFFICER						X		169,216.	0.	23,002.
(4) LISA PANAHI	50.00									
GENERAL COUNSEL						X		147,639.	0.	42,314.
(5) AMY REHM	50.00	]								
DEPUTY CHIEF BAR COUNSEL						X		159,885.	0.	18,707.
(6) ROBERTA TEPPER	50.00									
CHIEF MEMBER SERVICE OFFICER						X		143,271.	0.	21,282.
(7) JESSICA IENNARELLA	55.00	]							_	
CHIEF FINANCIAL OFFICER				Х				136,695.	0.	27,680.
(8) CRAIG HENLEY	50.00	1								
SENIOR BAR COUNSEL						X		134,717.	0.	19,450.
(9) BENJAMIN F. TAYLOR II -PRES.	7.50	1						_		_
(THRU 6/24)/ELECT. GOV.(AS OF 6/24)		Х		Х				0.	0.	0.
(10) TED A. SCHMIDT -PRES. ELECT.	7.50	ļ								
(THRU 6/24)/ PRES.(AS OF 6/24)		Х		Х				0.	0.	0.
(11) SAMUEL J. SAKS -VP(THRU 6/24)	7.50	1						_		_
PRES. ELECT.(AS OF 6/24)		Х		Х				0.	0.	0.
(12) DOREEN MCPAUL -SECRETARY/TREAS.	7.50	ļ								
(THRU 6/24)/ VP(AS OF 6/24)		Х		Х				0.	0.	0.
(13) KELSI LANE -ELECT. GOV.(THRU	7.50	ļ								
6/24)/ SECR./TREAS. (AS OF 6/24)		Х		Х				0.	0.	0.
(14) DAVID J. JOHNS	5.00	l								
ELECTED GOVERNOR		Х						0.	0.	0.
(15) HENRY EDWARD WHITMER	5.00	l								
ELECTED GOVERNOR (THRU 11/24)		Х						0.	0.	0.
(16) PRESTON L POLLOCK	5.00	<b>∤</b>								_
ELECTED GOVERNOR	F 00	Х			_			0.	0.	0.
(17) D CHRISTOPHER RUSSELL	5.00	١.,								_
ELECTED GOVERNOR		X						0.	0.	990 (2024)

432007 12-10-24 Form **990** (2024)

Part VII Section A. Officers, Directors, True	stees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) LETICIA MARQUEZ	5.00									
ELECTED GOVERNOR (THRU 6/24)		Х						0.	0.	0.
(19) LOUIS FIDEL ELECTED GOVERNOR (AS OF 6/24)	5.00	х						0.	0.	0.
(20) HEATHER BAKER-MUSHKATEL	5.00							•	•	
ELECTED GOVERNOR	3100	х						0.	0.	0.
(21) JENA DECKER XU	5.00									
ELECTED GOVERNOR		Х						0.	0.	0.
(22) ROBERT J. MCWHIRTER ELECTED GOVERNOR	5.00	Х						0.	0.	0.
(23) JESSICA S. SANCHEZ ELECTED GOVERNOR/EX-OFFICIO (THRU 6/11))	5.00	х						0.	0.	0.
(24) CHLOE WOODS	5.00									
ELECTED GOVERNOR (AS OF 6/24)		х						0.	0.	0.
(25) DIANDRA DAY BENALLY	5.00									
ELECTED GOVERNOR		Х						0.	0.	0.
(26) JIMMIE DEE SMITH	5.00									
ELECTED GOVERNOR		Х						0.	0.	0.
1b Subtotal								1,301,608.	0.	217,212.
c Total from continuation sheets to Part V							0.	0.	0.	
d Total (add lines 1b and 1c)								1,301,608.	0.	217,212.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 X

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
	CONSULTING - NETWORK	
3905 W DARROW ST, PHOENIX, AZ 85041	SUPPORT	135,150.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

29

Form 990 STATE BA	R OF ARI	. <u>ZC</u>	)NA	١					86-600	0294
Part VII   Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est	Compensated Employe	es (continued)	
(A)	(B)			<u>, u.</u>				(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated
Name and title	hours	(c		call t			lv)	compensation	compensation	amount of
	per	- (0	I	\ an l	. iai	app T	· y /	from	from related	other
	week					e e		the	organizations	compensation
	(list any	tor				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	,	organization
	related	tee or	ıstee			ensate				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	vidua	tution	Je:	em pl	nest c	ner			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) DENNIS M FITZGIBBONS	5.00									
ELECTED GOVERNOR		Х						0.	0.	0.
(28) SANDRA BENSLEY	5.00									
DISTRICT GOVERNER (THRU 6/24)		Х						0.	0.	0.
(29) AMY HERNANDEZ	5.00							•	•	
DISTRICT GOVERNOR (AS OF 6/24)	3133	х						0.	0.	0.
(30) DAVID B. ROSENBAUM	5.00	25						•	•	•
DISTRICT GOVERNER	3.00	Х						0.	0.	0.
(31) JOHN W. MOODY	5.00	Λ						0.	0.	0.
	7.00	Х						0.	0.	^
DISTRICT GOVERNER	E 00	Δ		Н		$\vdash$		U .	U •	0.
(32) DAVID K. BYERS	5.00	3,7							0	•
AT-LARGE GOVERNOR	F 00	Х						0.	0.	0.
(33) MIKE BAUMSTARK	5.00									
AT-LARGE GOVERNOR		Х						0.	0.	0.
(34) CEDRIC R DAVE	5.00									_
PUBLIC GOVERNOR		Х						0.	0.	0.
(35) MIGNONNE HOLLIS	5.00									
PUBLIC GOVERNOR		Х						0.	0.	0.
(36) CORTEZ W. SMITH	5.00									
PUBLIC GOVERNOR		Х						0.	0.	0.
(37) ROBYN M AUSTIN	5.00									
PUBLIC GOVERNOR		Х						0.	0.	0.
(38) ELIZABETH SCHMITT	5.00									
YLD DIVISION PRESIDENT (THRU 6/24)		Х						0.	0.	0.
(39) CHRISTINA POLETTI	5.00							-	-	
YLD DIVISION PRESIDENT (AS OF 6/24)		х						0.	0.	0.
								•	Ţ.	
	1		_	Н		_				
	1									
		_	-	_	-	_	_			
Total to Part VII, Section A, line 1c	<u></u>	<u>.</u>		<u></u>	<u></u>	<u></u>				

86-6000294

Form 990 (2024) STATE BAR OF ARIZONA
Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a	response	or note to any lin	e in this Part VIII			
						•		(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									lanction revenue	business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b					
ē, Ē			Fundraising events			1c					
ifts ar A			Related organizations			1d					
S, G			Government grants (contr			1e					
Sign		f	All other contributions, gifts,	grant	ts, and						
but the			similar amounts not included			1f	6,279.				
ËĠ		g	Noncash contributions included in	lines 1	1a-1f	1g \$	6,279.				
a Ĉ		h	Total. Add lines 1a-1f					6,279.			
							Business Code				
ġ.	2	а	MEMBERSHIP DUES				812900	11,505,837.	11505837.		
ē Ķ		b	PROFESSIONAL DEVELOR	PMEN	ΙΤ		611430	4,988,945.	3,556,325.	1432620.	
S Ž		С	COMPLIANCE				812900	1,346,761.	1,346,761.		
am		d	ASSESSMENTS				812900	480,315.	480,315.		
Program Service Revenue		е	REGULATORY				812900	228,450.	228,450.		
ሷ		f	All other program service	reve	nue						
		g	Total. Add lines 2a-2f					18,550,308.			
	3	3 Investment income (including dividends, interest, and					est, and				
		other similar amounts)				458,429.			458,429.		
	4		Income from investment of								
	5		Royalties					214,066.	106,821.	107,245.	
					(i	) Real	(ii) Personal				
	6	а	Gross rents	6a	5	599,034					
		b	Less: rental expenses	6b		27,600	•				
		С	Rental income or (loss)	6с		571,434					
			Net rental income or (loss)	) <u></u>	T			571,434.		13,497.	557,937.
	7	а	Gross amount from sales of		(i) S	ecurities	(ii) Other				
			assets other than inventory	7a		65,564	•				
		b	Less: cost or other basis								
her Revenue			and sales expenses	7b		70,772					
ě			Gain or (loss)	7с	•	-5,208	· · · · ·				
~			Net gain or (loss)					-8,662.			-8,662.
	8	а	Gross income from fundraisin	ng ev	rents (r	not					
ō			including \$			_ of					
			contributions reported on		•						
			Part IV, line 18								
			Less: direct expenses				0				
	^		Net income or (loss) from				T				
	9	a	Gross income from gamin								
		h	Part IV, line 19								
			Less: direct expenses  Net income or (loss) from				<b>5</b> 1				
	10		Gross sales of inventory, I								
	10	а	and allowances								
		h	Less: cost of goods sold								
			Net income or (loss) from			·····	<u> </u>				
			THOUSE INCOME OF TOOSE HOLL	Juici	J J1 1111	JOINTON Y	Business Code				
sno	11	а	DEFERRED COMPENSATION	ON F	LAN I	REVENU	813920	19,734.	19,734.		
nec	• •	b						,	, , , ,		
Miscellaneous Revenue		c									
isc			All other revenue								
Σ			Total. Add lines 11a-11d					19,734.			
	12		Total revenue. See instruction					19,811,588.	17244243.	1553362.	1007704.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 120,667. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 180,807. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 641,316. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 8,077,981. 7 Pension plan accruals and contributions (include 501,390. section 401(k) and 403(b) employer contributions) 963,966. Other employee benefits 9 638,296. 10 Payroll taxes Fees for services (nonemployees): Management 33,091. Legal 88,305. Accounting 10,594. Lobbying Professional fundraising services. See Part IV, line 17 40,230. Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 987,960. column (A), amount, list line 11g expenses on Sch O.) 25,865. Advertising and promotion 12 841,277. Office expenses 13 019,988. Information technology 14 15 Royalties 816,778. 16 Occupancy 66,127. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,268,586. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 646,745. Depreciation, depletion, and amortization ..... 22 156,764. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 82,282. FEDERAL UBIT BANK AND CREDIT CARD FE 362,256. 229,366. TRAINING AND DEVELOPMEN 80,004. d MEMBER RESEARCH TOOL 118,023. e All other expenses \_ 17,998,664. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2024)
Part X Balance Sheet

Par	τx	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	4,592,089.	1	4,522,104
	2	Savings and temporary cash investments	69,351.	2	235,078
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	167,928.	4	159,747
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ည	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	54,298.	8	98,028
¥	9	Prepaid expenses and deferred charges	599,281.	9	655,163
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 19,414,894.			
	b	Less: accumulated depreciation 10b 10,357,816.	9,202,326.		9,057,078 16,468,094
	11	Investments - publicly traded securities	13,586,027.	11	16,468,094
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	501,935.	15	503,550
	16	Total assets. Add lines 1 through 15 (must equal line 33)	28,773,235.	16	31,698,842
	17	Accounts payable and accrued expenses	1,706,335.	17	2,177,615
	18	Grants payable	2 102 262	18	0 500 044
	19	Deferred revenue	3,193,868.	19	2,780,041
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	503,955.	25	515,354
	06	of Schedule D	5,404,158.		5,473,010
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, check here	3,404,130.	20	3,473,010
S		and complete lines 27, 28, 32, and 33.			
uce	27		23,369,077.	27	26,225,832
sala	28	Net assets without donor restrictions  Net assets with donor restrictions	23/303/01/1	28	20/223/032
J E	20	Organizations that do not follow FASB ASC 958, check here		20	
Τ̈́		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	23,369,077.	32	26,225,832
Z	33	Total liabilities and net assets/fund balances	28,773,235.	33	31,698,842

Pai	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,81		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1'	7,99	8,6	64.
3	Revenue less expenses. Subtract line 2 from line 1	3		1,81	2,9	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2.	3,36	9,0	77.
5	Net unrealized gains (losses) on investments	5		1,04	3,8	31.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	26	5,22	5,8	32.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		tit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### SCHEDULE C

(Form 990)

#### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2024

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

• Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of orga		·		Emp	oloyer identification number (EIN)
_		STATE B	AR OF ARIZONA			86-6000294
Pa	art I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527 of	rganization.
2	Political	campaign activity expendit	ation's direct and indirect politi ures gn activities			\$
Pa	art I-B	Complete if the org	anization is exempt und	der section 501(c)	(3).	
			incurred by the organization un			\$
		amount of any excise tax				
			n 4955 tax, did it file Form 4720			
		describe in Part IV.				
Pa	art I-C	Complete if the org	anization is exempt und	der section 501(c),	except section 501	(c)(3).
			I by the filing organization for se			\$
2			ization's funds contributed to o			
						\$
3		·	. Add lines 1 and 2. Enter here		•	
4			1120-POL for this year?			
5			Ns of all section 527 political or			
	•	•	nt paid from the filing organizati separate political organization,		•	
		nal space is needed, provide		, such as a separate seg	gregated furid of a political	action committee (i Ao).
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		(a) Name	(b) Address	(O) EIN	filing organization's funds. If none, enter -0	contributions received and

Ochicadic O (i offit 330) 2024	DIAIL DAK O	I AKIZONA			JUUUZJE Tage Z
Part II-A Complete if the org section 501(h)).	anization is exen	npt under sectior	n 501(c)(3) and file	d Form 5768 (ele	ection under
	ition belongs to an affi	liated group (and list in	Part IV each affiliated	aroup member's nam	ne address FIN
	re of excess lobbying	•	Trait iv caon anniated	group member 3 han	ic, address, Eliv,
	tion checked box A ar	. ,	visions apply		
Limi	ts on Lobbying Expe	nditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	ditures" means amou	nts paid or incurred.)		totals	
1a Total lobbying expenditures to influ	uence public opinion (g	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influ	uence a legislative bod	ly (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditure	s (add lines 1c and 1d	)			
f Lobbying nontaxable amount. Ente	er the amount from the	following table in bot	n columns.		
IF the amount on line 1e, column (a)	or (b), is: THEN t	he lobbying nontaxab	le amount is:		
not over \$500,000	20% of	the amount on line 1e.			
over \$500,000 but not over \$1,000	),000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
over \$1,000,000 but not over \$1,50	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000.		
over \$1,500,000 but not over \$17,	000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	iter 25% of line 1f)				
h Subtract line 1g from line 1a. If zer	o or less, enter -0				
i Subtract line 1f from line 1c. If zero	o or less, enter -0				
j If there is an amount other than ze	ro on either line 1h or l	line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
		eraging Period Under	• •		
(Some organizations th		01(h) election do not ate instructions for lir	•	f the five columns b	elow.
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2021	<b>(b)</b> 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2024

# Schedule C (Form 990) 2024 STATE BAR OF ARIZONA 86-60002 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lobbying activity.  During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			
	Yes	No	Amo	ount
or referendum, through the use of:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
art III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(	5). or sec	ction	
501(c)(6).		-,,		
			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?		1		Х
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				X
Did the organization agree to carry over lobbying and political campaign activity expenditures from the				X
art III-B Complete if the organization is exempt under section 501(c)(4), section	501(c)(	5), or sec	tion	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "I	No;" OR	(b) Part	III-A, line	3, is
answered "Yes."	·	` '	•	•
l Dues, assessments, and similar amounts from members		<u>1</u>	10,964	1,937.
Dues, assessments, and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al	1	10,964	1,937.
	al	1	10,964	1,937.
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):				1,937. 0,594.
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):</li> <li>a Current year</li> </ul>		2a		
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):</li> <li>a Current year</li> <li>b Carryover from last year</li> </ul>		2a	10	),594.
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> </ul>		2a 2b 2c	10	),594. ),594.
<ul> <li>Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> </ul>		2a 2b 2c 3	10	),594.
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	SS	2a 2b 2c 3	10	),594. ),594.
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polescent and the amount on line 3.	ss itical	2a 2b 2c 3	10	),594. ),594.
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ss itical	2a 2b 2c 3	10 10 54	),594. ),594.

### SCHEDULE D (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STATE BAR OF ARIZONA

**Employer identification number** 86-6000294

		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dono	r advised fur	nds
	are the organization's property, subject to the organization's e	•		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
			-	
Pa		anization answered "Yes" on Form	990, Part IV	
1	Purpose(s) of conservation easements held by the organization			•
	Preservation of land for public use (for example, recreat		tion of a hist	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· · · · ·	,	-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handli	ng of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing co	nservation ea	asements during the year
8	Does each conservation easement reported on line 2d above		. , . , . ,	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and ex	pense stater	ment and
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial s	tatements th	nat describes the
_	organization's accounting for conservation easements.			<u> </u>
Pa	t III Organizations Maintaining Collections of		or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958			
	of art, historical treasures, or other similar assets held for pub			ance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes the	se items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statemen	t and balanc	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research	in furtheranc	ce of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar assets for fi	nancial gain,	provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$

Par	t III   Organizations Maintaining C	ollections of Ar	t, Historica	al Treasur	es, or Oth	er Si	imilar A	ssets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the followi	ng that make	signit	icant use	of its		
	collection items (check all that apply).									
а	Public exhibition	c	l 🔲 Loan	or exchange	program					
b	Scholarly research	e	e Othe							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they fu	ther the orga	anization's ex	empt	purpose ir	n Part	XIII.	
5										
	to be sold to raise funds rather than to be ma	aintained as part of t	he organizatio	n's collection	n?				Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements Comple	te if the orgar	ization answ	ered "Yes" o	n For	n 990, Pa	rt IV, lii	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an, or other intermed	diary for contr	ibutions or o	ther assets n	ot incl	uded			
	on Form 990, Part X?							$\square$	Yes	O No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo					bility?		<u> </u>	Yes	O No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if	the organization ans	swered "Yes"	on Form 990	, Part IV, line	10.				
		(a) Current year	<b>(b)</b> Prior y	ear (c) T	wo years back	(d)	Three years	s back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, col	ımn (a)) held	as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are	neld and adn	ninistered for	the			_	
	organization by:								Y	es No
	(i) Unrelated organizations?								3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sched	ıle R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line	11a. See Foi	rm 990, Part	X, line	10.			
	Description of property	(a) Cost or o		) Cost or oth			mulated		(d) Book v	/alue
		basis (investr		basis (other)		depre	ciation	$\bot$		
1a	Land			<u>,753,9</u>					1,753	
	Buildings			,739,6			2,457		3,707	
С	Leasehold improvements			,360,0			8,528		2,911	
d	Equipment			,015,6			3,184			<u>,435.</u>
<u>e</u>	Other			.,545,6	•		3,647			<u>,955.</u>
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X line 10c c	olumn (B))					9,057	,078.

Schedule D (Form 990) (Rev. 12-2024) STATE BAR	OF ARIZONA	86	-6000294 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	5 B 11/-11	0 5 000 5	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
-	Description	, ,	(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	I. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) TENANT SECURITY DEPOSIT			41,527.
(3) DUE TO SUPREME COURT			41,077.
(4) DEFERRED COMPENSATION OBL	IGATIONS		432,750.
(5)			
(6)			
(7)			1

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

515,354.

(8) (9)

POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. THE ENTITIES' FORMS 990, 990-T AND OTHER INCOME TAX FILINGS

		86-6000294	Page <b>5</b>
3	NO	LONGER	

#### SCHEDULE I (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization  STATE BAR	OF ARIZO	NA					Employer identification number 86-6000294
Part I General Information on Grants an							
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's properties.      Part II Grants and Other Assistance to II.	tance? cedures for monit	toring the use of grant	funds in the United	States. Complete if the org			X Yes No
recipient that received more than \$  1 (a) Name and address of organization or government	65,000. Part II can <b>(b)</b> EIN	(c) IRC section (if applicable)	onal space is neede (d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARIZONA FOUNDATION FOR LEGAL SERVICES & EDUCATION - 4201 N 24TH STREET, STE 210 - PHOENIX, AZ					PER MEMORANDUM OF UNDERSTANDING	RENT REDUCTION	SUPPORT FOR PRO BONO
85016	95-3351710	501(C)(3)	59,667.	60,000.	(MOU)	PER MOU	LEGAL SERVICES
<ul><li>2 Enter total number of section 501(c)(3) ar</li><li>3 Enter total number of other organizations</li></ul>	-	-					1.
3 Enter total number of other organizations	noted in the line	ı tabi <del>e</del>					

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
LIENT PROTECTION FUND (CPF)	22	171,109.	0.		
RIMINAL JUSTICE SECTION SCHOLARSHIP	6	7,698.	0.		
AX SECTION SCHOLARSHIP	2	2,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PART 1, LINE 2: A MEMORANDUM OF UNDERSTANDING (MOU) OF SHARED INITIATIVES
BETWEEN THE STATE BAR OF ARIZONA AND THE ARIZONA FOUNDATION FOR LEGAL
SERVICES & EDUCATION (AZFLSE) DOCUMENTS THE AGREEMENT REGARDING THE AMOUNT
AND TYPE OF ASSISTANCE PROVIDED TO THE AZFLSE.

PART 3: THE TRUSTEES OF THE CLIENT PROTECTION FUND OF THE STATE BAR OF ARIZONA CONSIDER CLAIMS ALLEGING A LOSS OF MONEY OR PROPERTY DUE TO THE DISHONEST CONDUCT OF A LAWYER ACTING AS A LAWYER OR FIDUCIARY TO THE CLAIMANT. THE DECLARATION OF TRUST ESTABLISHES THE EVENTS BY WHICH A CLAIM MAY BE CONSIDERED FOR PAYMENT, AND THE MAXIMUM AWARD AMOUNT PER CLAIMANT AND AGGREGATE CLAIMS AGAINST ANY ONE LAWYER.

SCHOLARSHIPS WERE SPONSORED BY THE TAX LAW SECTION AND THE CRIMINAL JUSTICE LAW SECTION. LAW SCHOOL STUDENTS MUST SUBMIT APPLICATIONS OR ESSAYS TO RECEIVE THE SCHOLARSHIP. THE APPLICATIONS AND/OR ESSAYS ARE REVIEWED BY A COMMITTEE COMPRISED OF MEMBERS OF THE INVOLVED SECTION AND RECIPIENTS ARE SELECTED. SCHOLARSHIPS PAID IN 2024 BY THE TAX SECTION WERE PAID DIRECTLY

#### **SCHEDULE J** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public** Inspection

STATE BAR OF ARIZONA

Part I Questions Regarding Compensation

Employer identification number 86-6000294

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOEL ENGLAND	(i)	220,596.	0.	614.	13,064.	28,250.	262,524.	0.
CEO/EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARET VESSELLA	(i)	180,251.	150.	8,574.	10,934.	13,859.	213,768.	0.
CHIEF BAR COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LORI MAXWELL	(i)	160,378.	150.	8,688.	9,760.	13,907.	192,883.	0.
CHIEF INFORMATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) LISA PANAHI	(i)	139,319.	150.	8,170.	9,243.	33,735.	190,617.	0.
GENERAL COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMY REHM	(i)	158,051.	650.	1,184.	9,398.	9,973.	179,256.	0.
DEPUTY CHIEF BAR COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERTA TEPPER	(i)	134,147.	150.	8,974.	8,176.	13,630.	165,077.	0.
CHIEF MEMBER SERVICE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JESSICA IENNARELLA	(i)	136,311.	150.	234.	8,345.	19,984.	165,024.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CRAIG HENLEY	(i)	133,452.	150.	1,115.	8,056.	12,026.	154,799.	0.
SENIOR BAR COUNSEL	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.  PART I, LINE 1A:
STATE BAR OF ARIZONA HAS WRITTEN WELLNESS PROGRAM TO SUPPORT A HEALTHY
LIFESTYLE. SBA WILL REIMBURSE \$75 PER QUARTER FOR MONTHLY FEES. ALL
EMPLOYEES ARE ELIGIBLE.

#### SCHEDULE O (Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

STATE BAR OF ARIZONA

Employer identification number 86-6000294

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LEGAL PROFESSION AND PUBLIC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADMINISTRATION OF JUSTICE AND THE COMPETENCY, ETHICS, AND PROFESSIONALISM OF LAWYERS PRACTICING IN ARIZONA.

FORM 990 PART III LINE 4D OTHER PROGRAM SERVICES: ACCESS TO PURSUANT TO RULE 32 OF THE SUPREME COURT OF ARIZONA, JUSTICE: BAR MISSION INCLUDES ACCESS TO JUSTICE, WHICH INVOLVES THE STATE EFFORTS TO IMPROVE ACCESS TO OUR LEGAL SYSTEM FOR ALL ARIZONIANS. BAR CARRIES OUT THIS TASK THROUGH ITS PUBLIC SERVICE CENTER BY SUPPORTING VARIOUS LEGAL AID ORGANIZATIONS, ASSISTING WITH ACCESS WORKING TO EDUCATE THE PUBLIC ABOUT THE LEGAL PROCESS BY SUPPORTING THE SUPREME COURT'S ACCESS TO JUSTICE COMMISSION.

PUBLICATIONS: (1) ARIZONA ATTORNEY - MONTHLY MAGAZINE WITH SUBSTANTIVE ARTICLES ABOUT LEGAL ISSUES AND TOPICS THAT AFFECT THE LEGAL PROFESSION; (2) ELEGAL - SERIES OF ELECTRONIC NEWSLETTERS UPDATING MEMBERS ON LEGAL NEWS, ISSUES, ETHICS OPINIONS AND COURT CASES

THE CLIENT PROTECTION FUND OF THE STATE BAR OF ARIZONA IS A TRUST AND SUCH, IS TECHNICALLY A SEPARATE LEGAL ENTITY FROM THE STATE BAR OF HOWEVER, BECAUSE THE STATE BAR HAS AN ADMINISTRATIVE ROLE, ARIZONA. INCLUDED IN THE STATE BAR'S FEDERAL INCOME TAX REPORTING. THEPROTECTION FUND EXISTS TO PROMOTE THE PUBLIC CONFIDENCE IN THE ADMINISTRATION OF JUSTICE AND THE INTEGRITY OF THE LEGAL PROFESSION BY REIMBURSING LOSSES CAUSED BY THE DISHONEST CONDUCT OF LAWYERS ADMITTED AND LICENSED TO PRACTICE IN ARIZONA. IN 2024 THE ORGANIZATION PROVIDED ASSISTANCE TO 22 CLAIMS FILED WITH THE FUND.

FORM 990, PART VI SECTION Α, LINE 6: AS PROVIDED IN RULE 32 (C)  $\mathsf{OF}$ THE RULES OF THE SUPREME COURT OF ARIZONA AND THE BYLAWS OF THE CORPORATION MEMBERSHIP IS DIVIDED INTO SIX CLASSES: ACTIVE, INACTIVE, RETIRED, SUSPENDED, JUDICIAL AND AFFILIATE. DISBARRED OR RESIGNED PERSONS ARE NOT MEMBERS OF THE BAR. ACTIVE MEMBERS CONSIST OF EVERY PERSON LICENSED TO PRACTICE LAW IN THE STATE OF ARIZONA EXCEPT FOR PERSONS WHO ARE INACTIVE, RETIRED, SUSPENDED, JUDICIAL, OR AFFILIATE MEMBERS. LEGAL PARAPROFESSIONALS ARE AFFILIATE MEMBERS FOR PURPOSES OF REGULATION AND DISCIPLINE UNDER RULE 32. ALL PERSONS ADMITTED TO PRACTICE IN ACCORDANCE WITH THE RULES OF THE COURT SHALL, BY THAT FACT **BECOME** ACTIVE OR AFFILIATE MEMBERS OF THE STATE BAR. UPON ADMISSION, THE APPLICANT THE SUPREME COURT MUST PAY A FEE AS REQUIRED BY AND AN ANNUAL MEMBERSHIP FEE TO MAINTAIN MEMBERSHIP STATUS. MEMBERS HAVE LIMITED RIGHTS TO VOTE ON CERTAIN ISSUES REGARDING THE GOVERNANCE OF THE ORGANIZATION AND DO RECEIVE ANY OF THE ORGANIZATION'S PROFITS, EXCESS DUES, OR RECEIVE THE ORGANIZATION'S NET ASSETS UPON DISSOLUTION.

FORM 990, PART VI, SECTION A, LINE 7A:

PER RULE 32, THE BOARD IS COMPOSED OF SIXTEEN (16) ELECTED GOVERNORS AND TEN (10) APPOINTED GOVERNORS. ELECTED GOVERNORS ARE ELECTED BY MEMBERS IN SPECIFIED DISTRICTS.

Name of the organization

STATE BAR OF ARIZONA

Employer identification number 86-6000294

THE SUPREME COURT APPOINTS FOUR (4) PUBLIC GOVERNORS WHO MUST NOT BE STATE
BAR OF ARIZONA MEMBERS OF THE STATE BAR AND MUST NOT HAVE, OTHER THAN AS
CONSUMERS OF LEGAL SERVICES, A FINANCIAL INTEREST IN THE PRACTICE OF LAW;
THREE (3) AT-LARGE GOVERNORS, WHO MAY BE FORMER ELECTED, PUBLIC, OR
DISTRICT GOVERNORS; AND (3) DISTRICT GOVERNORS WHO MUST BE MEMBERS OF THE
STATE BAR AND MEET DEFINED DISTRICT REQUIREMENTS.

FORM 990, PART VI, SECTION A, LINE 7B:

RULE 32 (ORGANIZATION OF THE STATE BAR OF ARIZONA) OF THE RULES OF THE ARIZONA SUPREME COURT GOVERN THE MISSION, COMPOSITION OF THE BOARD OF DIRECTOR, MEMBERSHIP CLASSES, MEMBERSHIP FEES AND REQUIRE OVERSIGHT BY THE ARIZONA SUPREME COURT. MEMBERSHIP FEES ARE ESTABLISHED BY THE BOARD WITH THE CONSENT OF THE SUPREME COURT OF ARIZONA.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CHIEF FINANCIAL OFFICER REVIEWS THE RETURN WITH THE TAX PREPARER. A COMPLETE COPY OF THE FINAL FORM 990 IS PROVIDED TO THE CEO/EXECUTIVE DIRECTOR AND MEMBERS OF THE BOARD OF GOVERNORS FOR REVIEW PRIOR TO THE FILING OF THE RETURN. THE FINANCE AND AUDIT COMMITTEE IS ALSO PROVIDED WITH A COMPLETE COPY OF THE FINAL FORM 990 FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

THE STATE BAR OF ARIZONA HAS A WRITTEN CONFLICT OF INTEREST POLICY. THIS POLICY IS DISCUSSED WITH ALL NEW EMPLOYEES AND NEW BOARD MEMBERS. ALL EMPLOYEES ARE REQUIRED TO SIGN A WRITTEN STATEMENT THAT THEY HAVE READ THE POLICY. IN ADDITION, THE STATE BAR HAS A MANDATORY ANNUAL ETHICS TRAINING.

EACH EMPLOYEE IS RESPONSIBLE FOR COMING FORWARD WITH A POTENTIAL CONFLICT OF INTEREST OR REPORTING POSSIBLE CONFLICTS THAT THEY MAY BE AWARE OF. THE STATE BAR OF ARIZONA DEPARTMENT OR DIVISION HEAD IS RESPONSIBLE FOR REVIEWING POTENTIAL CONFLICTS. IF IT INVOLVES A DIVISION HEAD, REVIEW RESIDES WITH THE CEO/EXECUTIVE DIRECTOR. IF IT INVOLVES THE CEO/EXECUTIVE DIRECTOR, REVIEW RESIDES WITH THE BOARD PRESIDENT.

ALL BOARD MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS AT THE BEGINNING OF THE BOARD OF GOVERNORS TERM YEAR.

IF A PERSON IS IDENTIFIED WITH A CONFLICT, HE OR SHE IS REMOVED FROM THE VETTING AND DECISION-MAKING PROCESS RELATED TO THAT CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF ACTIVE BOARD MEMBERS, SETS AND ADJUSTS THE SALARY OF THE CEO/EXECUTIVE DIRECTOR. THE CEO/EXECUTIVE DIRECTOR SALARY IS REVIEWED ANNUALLY. THE POLICY ALLOWS THE BOARD TO SEEK ASSISTANCE FROM OUTSIDE ADVISORS AND CONSULTANTS TO OBTAIN OBJECTIVE AND MARKET-BASED DATA, SUCH AS COMPENSATION STUDIES, INDEPENDENT FIRMS, ETC. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS RESEARCH PROVIDED BY AN INDEPENDENT CONSULTANT AND MAKES RECOMMENDATIONS TO THE BOARD. THE BOARD THEN VOTES TO APPROVE, MODIFY, OR REJECT THE RECOMMENDATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL INFORMATION IS ALSO PUBLISHED ANNUALLY IN OUR MAGAZINE.

Schedule O (Form 990) 2024 Page **2** 

Name of the organization STATE BAR OF ARIZONA	Employer identification number 86-6000294
AUDITED FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION	
ADDITED TIMENCIAE DIMIEMENTO AND TODIED ON THE ONOMITEMETO.	N D WEDDIIE:
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A FINANCE AND AUDIT COMMITTEE RESPONS	TRIE FOR
OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION O	
INDEPENDENT ACCOUNTANT. THE COMMITTEE COORDINATES THE AUDI	
INDEPENDENT ACCOUNTANT: THE COMMITTEE COORDINATES THE AUDI	
IS ROUTED TO THIS COMMITTEE FOR REVIEW. THIS PROCESS HAS N	
FROM PRIOR YEARS.	OI CHANGED
FROM PRIOR IEARS.	

#### **SCHEDULE R** (Form 990)

(Rev. January 2025) Department of the Treasury Internal Revenue Service

Name of the organization

STATE BAR OF ARIZONA

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

86-6000294

<b>(a)</b> Name, address, and EIN (if applicable)	<b>(b)</b> Primary activity	(c) Legal domicile (state o	(d) r Total inco	(e) me End-of-year	<b>I</b>	ets Direct controlling entity		
of disregarded entity		foreign country)						
CLIENT PROTECTION FUND OF THE STATE BAR OF								
ARIZONA - 47-6411607, 4201 N 24TH ST STE	PROMOTE PUBLIC CONFIDENCE							
100, PHOENIX, AZ 85016	IN LEGAL PROFESSION	ARIZONA	727	,630. 2,82	1,854. STATE BAR	F ARIZO	NA	
	$\dashv$							
Part II Identification of Related Tax-Exempt Organiorganizations during the tax year.	zations. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, t	pecause it had one	or more related tax-ex	empt		
(a)	(b)	(c)	(d)	(e)	(f)	(	<b>g)</b> 512(b)(13	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	IG Section 51 contro		
or course of garmanion.		foreign country)	section	status (if section	entity	l l	tity?	
		foreign country)	section	status (if section 501(c)(3))	entity	l l	No	
		foreign country)	section		entity	en		
		foreign country)	section		entity	en		
		foreign country)	Section		entity	en		
		foreign country)	Section		entity	en		
		foreign country)	Section		entity	en		

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	(10)	(-)	(-1)	(-)	(£)	()	T ,	L-\	/:\	(:)	1 (1-)
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	amount in box	partner	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes N	5
										$\vdash$	
											+

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year	(h) Percentage ownership	Sec 512(t contr	tion b)(13) rolled tity?
		country)		or trust)		assets			No
									_
	1							-	

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
С	Gift, grant, or capital contribution from related organization(s)					
d	Loans or loan guarantees to or for related organization(s)				. 1d	
	Loans or loan guarantees by related organization(s)					
f	Dividends from related organization(s)				. 1f	
g	Sale of assets to related organization(s)				. 1g	
h					1 1	
i	Exchange of assets with related organization(s)				. 1i	
j	Lease of facilities, equipment, or other assets to related organization(s)				<b>1</b> j	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	
ı	Performance of services or membership or fundraising solicitations for related organi	ization(s)			11	
m	Performance of services or membership or fundraising solicitations by related organizations					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n	
0	Sharing of paid employees with related organization(s)				. 1o	
р	Reimbursement paid to related organization(s) for expenses				. 1p	
	Reimbursement paid by related organization(s) for expenses					
r	Other transfer of cash or property to related organization(s)				1r	
s	Other transfer of cash or property from related organization(s)				1s	
2	If the answer to any of the above is "Yes," see the instructions for information on who	o must complete th	is line, including covered rela	tionships and transaction thresholds.		
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved	
1)						
<b>3</b> )						
2)						
31						
3)						
۸۱						
4)						
5)						
5)						
6)						
	3 10-23-24		1	Schedule R (For	rm 990) (Re	ev. 1-2025)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.?		(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?		(j) Genera manag partne	(k) Percentage ownership
		ocumiyy	Sections 512-514)	Yes No	inidonic	assess	Yes	No	(FOITH 1003)	Yes I	IO
											_
											_
									hadab D./Farr		

#### UNRELATED BUSINESS INCOME

### **CARRYOVER DATA TO 2025**

Name STATE BAR OF ARIZONA	Employer Identification Number 86-6000294	
Based on the information provided with this return, the following are possible carryover amounts to next year.		
FEDERAL CONTRIBUTION - 50% CASH	186,420	

Name: STATE BAR OF ARIZONA	FEIN:	86-6000294

	e and Entity: CON	TRIBUTION - 50	% CASH FED Section 382 Carryover		DETAIL C	ARRYOVER SCH	EDULE				
Yea Orio	ar Original gi- Carryover	Total Amount Used	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A 20 B 20 C 20	19 53,709. 20 47,764. 21 40,053.										
D 20 E 20 F 20	23 30,551.										
G H I											
J K L											
N O P											
Q R											
S T U V											
W Deta Typ		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
A B C											
D E F											
G H I J											
K L M											
N O P											
Q R S T											
U V W											

#### Form **8868**

(Rev. January 2025)

### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** STATE BAR OF ARIZONA 86-6000294 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 4201 N 24TH ST, 100 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 85016-6266 PHOENIX, AZ Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 Form 990-T (governmental entities) 15 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of JESSICA IENNARELLA, CFO 4201 N 24TH ST, STE 100 - PHOENIX, AZ 85016-6266 Telephone No. 602-340-7218 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
 If this is for the whole group, check this lifit is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 20, 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 24 or tax year beginning \_\_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.