

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

APRIL 30, 2009

Prepared for	ST. LOUIS BAR FOUNDATION 720 OLIVE STREET NO. 2900 ST. LOUIS, MO 63101
Prepared by	SWINK, FIEHLER & COMPANY, P.C. 3890 S. LINDBERGH BLVD., SUITE 200 SUNSET HILLS, MO 63127
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	SEPTEMBER 15, 2009
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

For the 2008 calendar year, or tax year beginning MAY 1, 2008 and ending APR 30, 2009

Header section containing organization name (ST. LOUIS BAR FOUNDATION), address (720 OLIVE STREET, ST. LOUIS, MO 63101), and employer identification number (43-0813495).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Website: N/A

Organization type: 501(c)(3)

Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 286,779.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows detailing Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Total revenue is 19,917 and total expenses is 158,840, resulting in a net asset change of -138,923.

Part II Balance Sheets

Table with 7 rows detailing Balance Sheets for (A) Beginning of year and (B) End of year. Total assets are 726,331 and total liabilities are 20,052, resulting in net assets of 567,356.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
37b	b Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	b If "Yes," complete Schedule L, Part II and enter the total amount involved	N/A	
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9	N/A	
39b	b Gross receipts, included on line 9, for public use of club facilities	N/A	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
40b	b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
40d	d Enter amount of tax on line 40c reimbursed by the organization 0.		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. NONE		
42a	The books are in care of MS. ZOE LYLE Telephone no. 314-421-4134 Located at 720 OLIVE STREET, SUITE 2900 ZIP + 4 63101		
42b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," was the related organization(s) a section 527 organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
NONE				

Total number of other employees paid over \$100,000

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

Total number of other independent contractors each receiving over \$100,000

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's Identifying Number (See instr.) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 **SWINK, FIEHLER & COMPANY, P.C.**
3890 S. LINDBERGH BLVD., SUITE 200
SUNSET HILLS, MO 63127

EIN _____
 Phone no. **314-842-2001**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization **ST. LOUIS BAR FOUNDATION** Employer identification number **43-0813495**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	168,106.	224,799.	166,489.	164,115.	65,589.	789,098.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	168,106.	224,799.	166,489.	164,115.	65,589.	789,098.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4.						789,098.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	168,106.	224,799.	166,489.	164,115.	65,589.	789,098.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,254.	19,309.	14,412.	8,122.	8,198.	62,295.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					6,843.	6,843.
11 Total support. Add lines 7 through 10						858,236.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	92.49	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SECTION B, LINE 10 - THE ORGANIZATION COLLECTED AMOUNTS PREVIOUSLY WRITTEN OFF AS UNCOLLECTIBLE IN A PRIOR YEAR.

COPY

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
FELLOWS TRUST FEES		3,112.	
CORNERSTONE TRUST FEES		176.	
BANKRUPTCY PRACTICE MEMORIAL FUND		3,162.	
LAWYERS FOR KIDS FUND		6,000.	
STAFF AND OFFICE EXPENSES		7,200.	
BOARD AND COMMITTEE EXPENSES		7,166.	
MISCELLANEOUS EXPENSES		2,846.	
MOCK TRIAL FUND FUND		500.	
SPECIAL EVENTS		30,487.	
ADMINISTRATIVE FEES		7,200.	
TOTAL TO FORM 990-EZ, LINE 16		67,849.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENTS	580,253.	476,055.	
GRANTS RECEIVABLE	14,155.	20,340.	
PREPAID EXPENSES	0.	2,700.	
PLEDGES RECEIVABLE	37,237.	29,000.	
BUILDERS RECOGNITION PROGRAM	240.	40.	
OTHER DEPRECIABLE ASSETS	17,125.	14,984.	
TOTAL TO FORM 990-EZ, LINE 24	649,010.	543,119.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	0.	2,900.	
DEFERRED REVENUE	500.	0.	
DUE TO GENERAL FUND	2,771.	0.	
DUE TO BAR ASSOCIATION	16,781.	29,600.	
TOTAL TO FORM 990-EZ, LINE 26	20,052.	32,500.	

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 4

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
FELLOWS PROGRAM - MUTUAL FUND SALES	117,363.	125,361.	0.	-7,998.
CORNERSTONE - MUTUAL FUND SALES	88,786.	141,501.	0.	-52,715.
TO FORM 990-EZ, LINE 5	206,149.	266,862.	0.	-60,713.

COPY

FORM 990-EZ	PAYMENTS TO AFFILIATES	STATEMENT	5
-------------	------------------------	-----------	---

AFFILIATE'S NAME	AFFILIATES ADDRESS	AMOUNT
BAR ASSOCIATION OF METROPOLITAN ST. LOUIS	720 OLIVE STREET ST. LOUIS, MO 63101	
PURPOSE OF PAYMENT		
GRANTS FOR EDUCATIONAL RELATED PROGRAMS		44,404.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		44,404.

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT	6
-------------	-----------------------------	-----------	---

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
LEGAL EDUCATION KIRKWOOD SCHOOL DISTRICT FOUNDATION 11289 MANCHESTER ROAD KIRKWOOD, MO 63122	NONE	3,000.
LEGAL EDUCATION NATIONAL ASSOCIATION OF WOMEN JUDGES 7900 CARONDELET DIVISION 33 ST. LOUIS, MO 63105	NONE	3,000.
LEGAL EDUCATION WASHINGTON UNIVERSITY SCHOOL OF LAW ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	NONE	1,000.
LEGAL EDUCATION GREAT RIVERS ENVIRONMENTAL LAW CENTER 705 OLIVE ST STE 614 ST. LOUIS, MO 63101	NONE	2,000.
LEGAL EDUCATION LEGAL ADVOCATES FOR ABUSED WOMEN 1027 S VANDEVENTER FL 6 ST. LOUIS, MO 63110	NONE	1,000.

LEGAL EDUCATION LEGAL SERVICES OF EASTERN MISSOURI 4232 FOREST PARK ST. LOUIS, MO 63108	NONE	2,000.
LEGAL EDUCATION ST. LOUIS INTERNSHIP PROGRAM 4232 FOREST PARK ST. LOUIS, MO 63108	NONE	2,500.
LEGAL EDUCATION ST. LOUIS PUBLIC SCHOOLS FOUNDATION 1415 OLIVE ST STE 100 ST. LOUIS, MO 63103	NONE	2,000.
LEGAL EDUCATION NATIONAL CULTURAL AWARENESS FOUNDATION INC 9 SPRING COURT ST. PETERS, MO 63376	NONE	2,500.
LEGAL EDUCATION UNIVERSITY OF MISSOURI SCHOOL OF LAW 203 HULSTON HALL COLUMBIA, MO 65211	NONE	3,000.
LEGAL EDUCATION WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST. LOUIS, MO 63130	NONE	3,500.
LEGAL EDUCATION SAINT LOUIS UNIVERSITY 3700 LINDELL BLVD ST. LOUIS, MO 63108	NONE	3,500.
RUDDY SCHOLARSHIP JUSTIN FARISHON 6533 NASHVILLE AVE ST. LOUIS, MO 63139	NONE	1,000.
RUDDY SCHOLARSHIP HEATHER HARDINGER 3034 GRAND AVE APT 2 KANSAS CITY, MO 64108	NONE	1,000.
RUDDY SCHOLARSHIP BEVERLY TAYLOR 4441 SHAW BLVD ST. LOUIS, MO 63110	NONE	1,000.

ST. LOUIS BAR FOUNDATION

43-0813495

RUDDY SCHOLARSHIP

NONE

2,000.

MICHELE MARXKORS

7354 COLGATE AVE

UNIVERSITY CITY, MO 63130

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

34,000.

COPY

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

COPY

ST. LOUIS BAR FOUNDATION

43-0813495

JEFFREY E LEWIS, 3700 LINDELL BLVD, ST. LOUIS, MO 63108	BOARD MEMBER 1.00	0.	0.	0.
MARY MCFARLAND, 1613 BAXTER LANE CIRCLE, CHESTERFIELD, MO 63017	BOARD MEMBER 1.00	0.	0.	0.
COUNTESS W PRICE, 800 N LINDBERGH BLVD MC E2NE, ST. LOUIS, MO 63167	BOARD MEMBER 1.00	0.	0.	0.
ARTHUR L SMITH, 190 CARONDELET PLAZA STE 600, CLAYTON, MO 63105	BOARD MEMBER 1.00	0.	0.	0.
KENT D SYVERUD ONE BROOKINGS DR, ST. LOUIS, MO 63130	BOARD MEMBER 1.00	0.	0.	0.
PAUL N VENKER, 100 N BROADWAY STE 2100, ST. LOUIS, MO 63102	BOARD MEMBER 1.00	0.	0.	0.
SUSAN L WARD, 8000 MARLYAND AVE STE 1350, ST. LOUIS, MO 63105	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

COPY

PROMOTION OF LEGAL EDUCATION, INCLUDING SUPPORT OF LAW RELATED EDUCATIONAL ORGANIZATIONS BENEFITING APPROXIMATELY 3,700 PEOPLE THROUGH LAW RELATED EDUCATION AND INTERNSHIP PROGRAMS.

COPY

PROMOTION OF LEGAL EDUCATION & THE LEGAL PROFESSION

COPY