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Form 990-EZ

Department of the Treasury
Internal Revenue Service

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)

► Sponsoring organizations 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.

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

B Check if applicable

Address change

Name change

Initial return

Termination

Amended return

Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Mecklenburg Bar Foundation

Number and street (or P O box, if mail is not delivered to street address)Room/suite

438 Queens Road

City or town, state or country, and ZIP + 4

Charlotte, NC 28207

D Employer identification number

23-7062151

E Telephone number

(704) 375-8624

F Group Exemption Number

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

G Accounting method

☐ Cash

☒ Accrual

Other (specify) ►

I Website:► N/A

J Organization type (check only one)—

☒ 501(c) (3)

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

H Check ►

☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check

☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L 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

► \$ 188,807

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)									
Revenue	1	Contributions, gifts, grants, and similar amounts received						1	102,422
	2	Program service revenue including government fees and contracts						2	54,671
	3	Membership dues and assessments						3	
	4	Investment income						4	6,615
	5a	Gross amount from sale of assets other than inventory		5a				5c	
	b	Less cost or other basis and sales expenses		5b		0			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)							
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <div><div><input type="checkbox"/></div></div>						6c	14,690
	a	Gross revenue (not including \$_____of contributions reported on line 1) <div><div><input type="checkbox"/></div></div>		6a		25,099			
	b	Less direct expenses other than fundraising expenses		6b		10,409			
Expenses	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)							
	7a	Gross sales of inventory, less returns and allowances		7a				7c	
	b	Less cost of goods sold		7b		0			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							
	8	Other revenue (describe ►_____)						8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)						9	178,398
	10	Grants and similar amounts paid (attach schedule) <div><div><input type="checkbox"/></div></div>						10	87,500
	11	Benefits paid to or for members						11	
	12	Salaries, other compensation, and employee benefits						12	
	13	Professional fees and other payments to independent contractors						13	
Net Assets	14	Occupancy, rent, utilities, and maintenance						14	
	15	Printing, publications, postage, and shipping						15	2,990
	16	Other expenses (describe ► <div><div><input type="checkbox"/></div></div>)						16	114,199
	17	Total expenses (add lines 10 through 16)						17	204,689
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	-26,291
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)						19	726,963
	20	Other changes in net assets or fund balances (attach explanation) <div><div><input type="checkbox"/></div></div>						20	-39,292
	21	Net assets or fund balances at end of year (combine lines 18 through 20)						21	661,380

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

(A) Beginning of year

(B) End of year

22 Cash, savings, and investments

352,661

22

293,577

23 Land and buildings

535,261

23

522,096

24 Other assets (describe ►_____)

24

25 Total assets

887,922

25

815,673

26 Total liabilities (describe ►

☐

)

160,959

26

154,293

27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

726,963

27

661,380

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? To advance public understanding and respect for the rule of law and the role of the legal profession, to promote the highest ideals of professionalism, public service and access to the legal system, and to support the goals of the Mecklenburg County Bar			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28 The Foundation has established a Bar Center which provides services to the general public, attorneys, and other non-profit organizations which provide free legal assistance. The mission of the Foundation is to advance public understanding and respect for the rule of law and the role of the legal profession, to promote the highest ideals of the professionalism, public service, and access to the legal system, and to support the goals of the Mecklenburg County Bar. (Grants \$ 134,320) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	87,500
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	134,320

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

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	33	No
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	34	No
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		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	No
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?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	0
b	Gross receipts, included on line 9, for public use of club facilities	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
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.	40b	No
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40e	No
41	List the states with which a copy of this return is filed		
42a	The books are in care of Sally Robinson Telephone no (704) 375-8624 438 Queens Road Located at Charlotte, NC ZIP + 4 28207		
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)?	42b	No
	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 .		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	No
	If "Yes," enter the name of the foreign country		
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	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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.	45	No

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.

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization(s) a section 527 organization?		No
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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 are 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 receiving over \$100,000		

Please 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		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
	Charlotte, NC 28203				Phone no. (704) 372-1515
	May the IRS discuss this return with the preparer shown above? See instructions.				

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Mecklenburg Bar Foundation	Employer identification number 23-7062151
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input checked="" type="checkbox"/>	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 Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 <div>a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other</div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div>(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 the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?</div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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									

Part II

Support Schedule for Organizations Described in IRC 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.)

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 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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11 Total Support (Add lines 7 through 10)						
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 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% 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% Test - 2007. If the organization did not check the 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	52,679	101,085	111,026	121,975	102,422	489,187
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	44,100	44,100	44,100	44,100	54,671	231,071
3Gross receipts from activities that are not an unrelated trade or business under section 513	8,601	15,280	16,515	31,901	25,099	97,396
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5The value of services or facilities furnished by a governmental unit to the organization without charge						0
6Total Add lines 1-5	105,380	160,465	171,641	197,976	182,192	817,654
7aAmounts included on lines 1, 2, and 3 received from disqualified persons					14,775	14,775
bAmounts 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	39,100	39,100	39,100	39,100	49,761	206,161
cTotal of lines 7a and 7b	39,100	39,100	39,100	39,100	64,536	220,936
8Public Support (Subtract line 7c from line 6)						596,718

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6	105,380	160,465	171,641	197,976	182,192	817,654
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,450	10,544	12,670	13,049	6,615	50,328
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						0
cAdd lines 10a and 10b	7,450	10,544	12,670	13,049	6,615	50,328
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13Total Support (Add lines 9, 10c, 11 and 12)						867,982
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Computation of Public Support Percentage			
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	68 750 %	
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	93 200 %	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	5 800 %
18	Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	6 800 %
19a	33 1/3% 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		<input type="checkbox"/>
b	33 1/3% 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		<input type="checkbox"/>
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV

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

Facts and Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 23-7062151

Name: Mecklenburg Bar Foundation

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Nancy Roberson 438 Queens Road Charlotte, NC 28207	Executive Direc 13 00	0		
David Whelpley Jr 201 North Tryon Street Charlotte, NC 28231	Director 1 00	0		
Christopher Vann 9940 Monroe Road Matthews, NC 28105	Director 1 00	0		
Anne Tompkins 101 South Tryon Street Charlotte, NC 28280	Director 1 00	0		
Raymond Owens 214 North Tryon Street Charlotte, NC 28202	Director 1 00	0		
Anthony Lathrop 100 North Tryon Street Charlotte, NC 28202	Director 1 00	0		
Hannah Kim 1000 Lowes Boulevard Mooresville, NC 28117	Director 1 00	0		
Douglas Jarrell 101 North Tryon Street Charlotte, NC 28246	Director 1 00	0		
Katherine Holliday 600 South College Street Charlotte, NC 28202	Director 1 00	0		
Anthony Foxx 101 South Tryon Street Charlotte, NC 28280	Director 1 00	0		
Peter Covington 201 North Tryon Street Charlotte, NC 28231	Director 1 00	0		
Aretha Blake 401 South Tryon Street Charlotte, NC 28202	Director 1 00	0		
George Battle 720 East Morehead Street Charlotte, NC 28202	Director 1 00	0		
James Bryant III 214 North Tryon Street Charlotte, NC 28202	Director 1 00	0		
Hon Robert Johnston 832 East Fourth Street Charlotte, NC 28202	Director 1 00	0		
Bradley Pearce 401 South Tryon Street Charlotte, NC 28202	Director 1 00	0		
Stephen Mayo 101 South Tryon Street Charlotte, NC 28255	Director 1 00	0		
Randel Phillips 100 North Tryon Street Charlotte, NC 28202	Director 1 00	0		
Richard Thigpen 800 South Mint Street Charlotte, NC 28202	Director 1 00	0		
Alice Moore 200 Hawthorne Lane Charlotte, NC 28233	Treasurer 1 00	0		
DeWitt Mac McCarley 600 East Fourth Street Charlotte, NC 28202	Secretary 1 00	0		
Douglas Edwards 301 South College Street Charlotte, NC 28288	Vice President 1 00	0		
Claire Rauscher 227 West Fourth Street Charlotte, NC 28202	President 1 00	0		

OMB No 1545-0047

23-7062151

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			Law & Society Luncheon	(event type)	(total number)	(Add col (a) through col (c))
			(event type)			
	1	Gross receipts	25,099			25,099
	2	Less Charitable contributions				
Direct Expenses	3	Gross revenue (line 1 minus line 2)	25,099			25,099
	4	Cash Prizes				
	5	Non-cash Prizes				
	6	Rent/Facility costs				
	7	Other direct expenses	10,409			10,409
	8	Direct expense summary Add lines 4 through 7 in column (d) ▶				10,409
	9	Net income summary Combine lines 3 and 8 in column (d). ▶				14,690

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility 13a		
b An outside facility 13b		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

TY 2008 Grants and Similar Amounts Paid Schedule

Name: Mecklenburg Bar Foundation

EIN: 23-7062151

Software ID: 08000091

Software Version: 2008v2.7

Item No.	1
Class of Activity	
Donee's Name	Professionalism Lawyer Life and Culture
Donee's Address	438 Queens Road Charlotte, NC 28207
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	Bar History
Donee's Address	438 Queens Road Charlotte, NC 28207
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	Larry Kings Clubhouse
Donee's Address	PO Box 3688 Cary, NC 27519
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	
Donee's Name	Council for Childrens Rights
Donee's Address	601 East 5th Street Charlotte, NC 28202
Amount (FMV)	15,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	
Donee's Name	International House
Donee's Address	332 Hawthorne Lane Charlotte, NC 28204
Amount (FMV)	10,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	
Donee's Name	Bar Leadership Inst
Donee's Address	438 Queens Road Charlotte, NC 28207
Amount (FMV)	7,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	
Donee's Name	Legal Services of Southern Piedmont
Donee's Address	1431 Elizabeth Ave Charlotte, NC 28204
Amount (FMV)	25,000
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2008 Other Changes in Net Assets Schedule

Name: Mecklenburg Bar Foundation

EIN: 23-7062151

Software ID: 08000091

Software Version: 2008v2.7

Description	Amount
Net Unrealized Gains and Losses on Investments	-39,292

TY 2008 Other Expenses Schedule**Name:** Mecklenburg Bar Foundation**EIN:** 23-7062151**Software ID:** 08000091**Software Version:** 2008v2.7

Description	Amount
Scholarships	15,000
Program costs	9,503
Interest	6,162
Depreciation	13,165
All other expense	15,198
Admin. costs	55,171

TY 2008 Other Liabilities Schedule

Name: Mecklenburg Bar Foundation

EIN: 23-7062151

Software ID: 08000091

Software Version: 2008v2.7

Description	Beginning of Year Amount	End of Year Amount
Secured Mortgages and Notes Payable	160,389	143,723
Grants Payable		10,000
Funds held for the benefit of others	570	570