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### Form 990-EZ

## **Short Form**

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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 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 \$500,000 and total assets less than \$1 250,000 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

Open to Public Inspection

| A F          | For the 2009 ca                   | alendar               | year, or tax year beginning  | , 2009, and en  | ding                                      |                           | ,                           |
|--------------|-----------------------------------|-----------------------|--|---|---|---------------------------|-----------------------------|
| <b>B</b> _ c | Check if applicable               |                       | C  |   | D   | Employer i                | dentification number `      |
|              | Address change                    | Please<br>use IRS     | The Johnson County Bar Foun  | dation  | j   | 48-10                     | 59644                       |
|              | Name change                       | label or print or     | 130 N. Cherry #202   |   | ΙE  | Telephone                 |                             |
| ıı           | nitial return                     | type.                 | Olathe, KS 66061   |   |   | • •                       | 80-5460                     |
| ַן           | Termination                       | See<br>Specific       |  |   | <b> </b>                                  | 913-1                     | 00 2400                     |
|              | Amended return                    | instruc-              |  |   | F   | Group E                   | xemption                    |
| <u> </u>     | Application pending               |                       | <u> </u>   |   |   | Number                    | <u>▶</u>                    |
|              | • Section !<br>m                  | 501(c)(3<br>just atta | ?) organizations and 4947(a)(1) nonexempt c<br>ach a completed Schedule A (Form 990 or 9           |   | G Accounting m<br>Other (specify          |                           | Cash Accru                  |
|              |                                   |                       |  |   | H Check ►                                 |                           | ganization is <b>not</b>    |
| I V          | Website: ► <u>w</u>               | ww.jc                 | ocobar.org   |   |   |                           | dule B (Form 990,           |
| <u>J 1</u>   | <u> Fax-exempt status</u>         |                       |  | 4947(a)(1) or 527   | 990-EZ, or 99                             |                           |                             |
|              | Check ►if<br>\$25,000 A Form      | the organisms         | anization is not a section 509(a)(3) supporting or Form 990 return is not required, but if the oil | ng organization <b>and</b> its reganization chooses to file | gross receipts are<br>e a return, be sure | normally<br>to file a cor | not more than mplete return |
|              | Add lines 5b, 6<br>nstead of Forn |                       | 7b, to line 9 to determine gross receipts, if \$Z  | 500,000 or more, file Fo                                    | orm 990                                   | <b>►</b> \$               | 458,32                      |
| Par          | rt I Revo                         | enue,                 | Expenses, and Changes in Net Ass   | ets or Fund Balanc  | es (See the in                            | struction                 | ns for Part I.)             |
| T            |                                   |                       | fts, grants, and similar amounts received  |   |   | 1                         | 70,78                       |
|              |                                   | _                     | revenue including government fees and con  | tracts  |   | 2                         | <del></del>                 |
|              | •                                 |                       | s and assessments  |   |   | 3                         | 12,66                       |
|              | 4 Investme                        |                       |  |   |   | 4                         | 3,99                        |
|              |                                   |                       | om sale of assets other than inventory   | 5a  | 338,48                                    | 6.                        |                             |
|              |                                   |                       | ner basis and sales expenses   | 5b  | 349,82                                    |                           |                             |
| R            |                                   |                       | ale of assets other than inventory (Subtract In 5b from Ir   |   | atement 1                                 | 5c                        | -11,34                      |
| Ē            | -                                 |                       | ctivities (complete applicable parts of Schedule G). If any  | •   |   | 7                         | ,                           |
| REVENU       | =                                 |                       | not including \$ 19,000. of co   |   |   | ן '` <sub>`</sub> '''     |                             |
|              |                                   | •                     |  | 6a  | 32,40                                     | اج ا                      |                             |
| E            | reported                          |                       | enses other than fundraising expenses  | 6b  | 31,71                                     |                           |                             |
|              |                                   |                       | _ ·  |   |   | 6c                        | 69                          |
|              |                                   | -                     | from special events and activities (Subtract line 6b from  | 1 1   |   | -80                       |                             |
|              |                                   |                       | nventory, less returns and allowances  | 7a<br>7b  |   | <b> </b>                  |                             |
|              | <b>b</b> Less cos                 | _                     |  |   | <del></del>                               |                           |                             |
| ļ            |                                   | -                     | loss) from sales of inventory (Subtract line 7   | b from line 7a)   |   | 7c                        |                             |
| 1            | 8 Other reven                     | •                     |  |   |   | ) 8                       |                             |
|              | 9 Total rev                       | enue A                | Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  |   |   | ▶ 9                       | 76,78                       |
| -            | 10 Grants a                       | nd simil              | lar amounts paid (attach schedule)   | D Esee R  | atement 2                                 | 10                        | 11,00                       |
| _            |                                   |                       | or for members   |   | 70  | 11                        |                             |
| E<br>X<br>P  | 12 Salaries,                      | other c               | ompensation, and employee benefits   | 18  |   | 12                        |                             |
| ΕΙ           | 13 Profession                     | nal fee               | compensation, and employee benefits<br>s and other payments to independent contra                  | ctos OCT 29   | 2010   있                                  | 13                        | 3,03                        |
| N<br>S       |                                   |                       | , utilities, and maintenance   | 面   | 189                                       | 14                        |                             |
| Ĕ            | -                                 | •                     | tions, postage, and shipping   | FACTENEAL   |   | 15                        | 2:                          |
| ١,           |                                   |                       | cribe - See Statement 3  | OGDEN   | · U · )                                   | 16                        | 4,33                        |
|              |                                   |                       | Add lines 10 through 16  | C824 C 1  |   | ▶ 17                      | 18,58                       |
| $\neg$       |                                   |                       | it) for the year (Subtract line 17 from line 9)  |   |   | 18                        | 58,20                       |
| N S          | 19 Net asse                       | ts or fur             | nd balances at beginning of year (from line 2<br>on prior year's return)                           | 27, column (A)) (must a                                     | gree with end-of-y                        | /ear 19                   | 254,05                      |
| ŦĘ           |                                   |                       | n net assets or fund balances (attach explan   | ation)  |   | 20                        |                             |
| Ś            |                                   |                       | nd balances at end of year Combine lines 18  |   |   | ▶ 21                      | 312,25                      |
| Pai          |                                   |                       | heets. If Total assets on line 25, column (E   |   | re file Form 990                          |                           |                             |
| Га           | icii   Dala                       | iiice 3               |  | 3) are \$1,230,000 or 1110                                  |   |                           | (B) End of year             |
| 22           | Cook                              |                       | (See the instructions for Part II.)  |   | (A) Beginning of 254, (                   |                           | 317, 80                     |
|              | Cash, saving                      |                       | invesiments  | •   | 234,0                                     |                           | 311,80                      |
|              | Land and bu                       |                       | L. Con Chatamant A   | •   | <u></u>                                   | 23                        |                             |
| 24           |                                   |                       | be ► <u>See Statement 4</u>  | _)  | ) - 3E / 1                                | 24                        | 219 07                      |
| 25           | Total assets                      |                       | . Con Chahamant C  |   | 254,0                                     |                           | 318,07                      |
| 26           |                                   | -                     | cribe ► See Statement 5  | ,   |   | 0. 26                     | 5,82                        |
| 27           | Net assets o                      | r fund b              | palances (line 27 of column (B) must agree   | with line 21)   | 254,0                                     | 053. <b>27</b>            | 312,25                      |

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

Form 990-EZ (2009)

|              |                 | Z (2009) The Johnson Cou   |   |   |   | -105                            | 9644 _ Page <b>2</b>   |
|--------------|-----------------|--|---|---|---|---------------------------------|--|
| Par          |                 | Statement of Program Ser   |   |   | ons.)   | (                               | Expenses   |
| Desc         | ribe wh         | anization's primary exempt purpose? Le<br>lat was achieved in carrying out the<br>services provided, the number of | gal Bar Foundation<br>e organization's exempt purp<br>persons benefited, or other | ooses In a clear and corelevant information for | encise manner,  | 501(d<br>501(d<br>organ<br>4947 | uired for section<br>c)(3) and (4)<br>nizations and section<br>(a)(1) trusts, optional<br>thers) |
|              | ram title       | ~  |   | <u></u>   |   | for of                          | hers)  |
| 28           |                 |  |   |   | ~   |                                 |  |
| 29           | (Grant          | s \$ 11,000.) If th  | us amount includes foreign gi   |   |   | 28 a                            | 500.   |
|              | <br>(Grant      |  | us amount includes foreign gi   |   | ~   | 29 a                            |  |
| 30           |                 |  |   |   |   |                                 |  |
|              | (Grant          | s \$ ) If th   | is amount includes foreign gi   | rants, check here                               |   | 30 a                            |  |
| 31           | Other<br>(Grant | program services (attach schedule<br>s \$  ) If th   | e)<br>iis amount includes foreign gi  | rants, check here                               | ▶ □   | 31 a                            |  |
| 32           |                 | program service expenses (add II   |   | ,   |   | 32                              | 500.   |
| Par          |                 | List of Officers, Directors  |   | ployees. List each or                           | ne even if not com  | pensa                           | ated (See the instrs.)   |
|              |                 | (a) Name and address   | (b) Title and average hours per week devoted to position                          | (c) Compensation (If not paid, enter -0)        | (d) Contributions<br>employee benefit plar<br>deferred compensa | ns and                          | (e) Expense account and other allowances   |
| _ ~ -        |                 |  |   |   |   |                                 |  |
| <u>See</u>   | Stat            | ement 7  |   | 0.  |   | 0.                              | 0.   |
|              |                 |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
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|              |                 |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
|              | - <b></b> -     |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
| _            |                 |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
|              |                 | <del></del>  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
|              |                 |  |   |   |   |                                 |  |
|              | <b></b> -       |  |   |   |   |                                 |  |
|              |                 |  |   |   | <u> </u>  |                                 |  |
| <b>-</b> - · |                 |  | -   |   |   |                                 |  |
|              |                 |  | 1   |   |   |                                 |  |
| BAA          | ١               |  | TEEA0812L (   | 01/30/10  |   |                                 | Form <b>990-EZ</b> (2009)  |

|      |   |                | Yes  | No          |
|------|---|----------------|------|-------------|
| 33   | Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of  |                |      |             |
| 34   | each activity  Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes   | 33<br>34       |      | X           |
| -    | 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.  | <b>5</b> 7     |      |             |
|      | attach a statement explaining why the organization did not report the income on Form 990-T  |                |      |             |
| ā    | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  | 35 a           |      | х           |
| ŀ    | olf 'Yes,' has it filed a tax return on Form 990-T for this year?   | 35 b           |      |             |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N   | 36             |      | x           |
|      | Enter amount of political expenditures, direct or indirect, as described in the instructions   37a   0.   | \$ <del></del> |      |             |
| t    | Did the organization file Form 1120-POL for this year?  | 37 b           |      | Х           |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?         | 38 a           |      | X           |
| ŀ    | o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A  |                |      |             |
| 39   | Section 501(c)(7) organizations Enter   |                |      |             |
|      | Initiation fees and capital contributions included on line 9  |                |      |             |
|      | Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under   |                |      |             |
| 40 6 | section 4911 ►  |                |      |             |
|      | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit  |                |      |             |
|      | transaction during the year or is it 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  | 40 b           |      | X           |
| •    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  0.  |                |      |             |
| (    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization  |                |      |             |
| •    | 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  | 40 e           |      | X           |
| 41   | List the states with which a copy of this return is filed ► None  |                |      |             |
|      |   |                |      |             |
| 42   | a The organization's  |                |      |             |
|      | books are in care of > Linda Coffee Telephone no > 913-75   | <u>80-5</u>    | 460  |             |
|      | Located at ► Same as page oneZIP + 4 ►  | :              |      |             |
| ı    | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a   |                | Yes  | No          |
|      | 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   | 42b            |      | Х           |
|      | 11 165, enter the hame of the foreign country   |                |      |             |
|      |   |                |      |             |
|      |   |                |      |             |
|      | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  C At any time during the calendar year, did the organization maintain an office outside of the U S ? | 42 c           | -    | -<br>X      |
| •    | If 'Yes,' enter the name of the foreign country   | 420            |      |             |
|      |   |                |      |             |
|      |   |                |      |             |
| 42   | Section 4047(a)(1) papayament abayitable trusts filing Form 200 F7 in liquid Form 1041. Chask bare  |                | ▶ □  | N/A         |
| 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   |                | ٔ ل  | N/A         |
|      | The state and amount of tax enough merces recorded of accorded during the tax year  |                |      |             |
|      |   |                | Yes  | No          |
| 44   | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  | 44             |      | х           |
| 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             |      | X           |
| BAA  |   | rm 99          | 1-EZ | <del></del> |

| orm 990<br>Part VI | EZ (2009) The Johnson County  Section 501(c)(3) organization 501(c)(3) organizations and se | s and section 4947<br>ction 4947(a)(1) not                     | nexempt charitab                           | le trusts must answe  | <b>nly.</b> All se<br>er questic | ction<br>ns                   | ge <b>4</b>         |
|--------------------|---|--|--|---|----------------------------------|-------------------------------|---------------------|
|                    | 46-49b and complete the table   | s for lines 50 and 5   | l  | See S   | Statemer                         |                               |                     |
| <b>46</b> Dia      | the organization engage in direct or indire   | ct political campaign ac                                       | tivities on behalf of o                    | r in opposition to candida  | ates 6                           |                               | No<br>X             |
|                    | bublic office? If 'Yes,' complete Schedule the organization engage in lobbying activities.  |  |  |   | 46                               |                               | $\frac{\Lambda}{X}$ |
|                    | ne organization engage in lobbying activities organization a school as described in s       |  |  | edule E   | 48                               |                               | X                   |
|                    | the organization make any transfers to an   | ,  |  |   | 49a                              |                               | X                   |
|                    | es,' was the related organization a section   | •  | J  |   | 49 b                             |                               |                     |
| <b>50</b> Com      | nplete this table for the organization's five ployees) who each received more than \$10     | highest compensated e  | mployees (other than from the organization | officers, directors, truste   | ees and key<br>'None '           | ·                             |                     |
| (                  | a) Name and address of each employee paid<br>more than \$100,000                            | (b) Title and average<br>hours per week<br>devoted to position | (c) Compensation                           | (d) Contributions to employee benefit plans and deferred compensation | accou                            | opense<br>int and<br>lowances |                     |
| None_              |   |  |  |   |                                  |                               |                     |
|                    |   |  |  |   |                                  |                               |                     |
|                    |   |  |  |   |                                  |                               |                     |
|                    |   |  |  |   |                                  | •                             |                     |
|                    |   |  |  |   |                                  |                               |                     |
| f Tota             | al number of other employees paid over \$   | 100,000  |  |   |                                  |                               |                     |
| 51 Con             | nplete this table for the organization's five<br>ipensation from the organization. If there | highest compensated in<br>is none, enter 'None.'               | ndependent contracto                       | rs who each received mo   | ore than \$10                    | 00,000 c                      | )f                  |
|                    | (a) Name and address of each independent con-   | tractor paid more than \$100,000                               |  | (b) Type of service   | (c) Com                          | pensation                     |                     |
| lone               |   |  |  |   |                                  |                               |                     |
|                    |   |  |  |   |                                  | •                             |                     |
|                    |   |  |  |   |                                  |                               |                     |
|                    |   |  |  | <del></del>   |                                  |                               |                     |
|                    |   |  |  |   |                                  |                               |                     |
|                    |   |  |  |   |                                  |                               |                     |
|                    |   |  |  |   |                                  |                               |                     |
|                    |   |  |  |   |                                  |                               |                     |
| <del></del>        |   |  | 100.000                                    |   | l                                |                               |                     |
| <b>d</b> lota      | al number of other independent contractor   | s each receiving over \$                                       | 100,000                                    |   |                                  |                               |                     |
|                    | Under panalties of perjury, I declarated I have ex  | mned this return, including acco                               | ompanying schedules and sta                | atements, and to the best of my k                                     | nowledge and                     | oelief, it is                 |                     |
|                    | true, correct, and complete teclaration of preparer   | other than officer) is based on                                | all information of which prep              | arer has any knowledge  |                                  |                               |                     |
| Sian               |   |  |  | 10/20/10  |                                  |                               |                     |
| Sign<br>Here       | Signature of officer  |  | -1-4-1-4                                   | Date  |                                  |                               |                     |
|                    | Matthew C Miller  |  |  | President   |                                  |                               |                     |

#### **SCHEDULE A** (Form'990 or 990-EZ)

**Public Charity Status and Public Support** 

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Open to Public Inspection

| Name o     | of the organization   |   | <del>-</del>   |                                     |   | ·                         |                    | Employe              | r identifica                             | tion number                   |                    |           |
|------------|---|---|--|-------------------------------------|---|---------------------------|--------------------|----------------------|--|-------------------------------|--------------------|-----------|
| <u>The</u> | Johnson County  | Bar Foundati  | on   |                                     | _   |                           |                    | 48-10                | 059644                                   | 4                             |                    |           |
| Part       | I Reason for Pub  | olic Charity Statu  | s (All organizations   | must c                              | comple  | te this                   | part.)             | See II               | <u>nstruct</u>                           | ions                          |                    |           |
| The o      | rganization is not a priv   | ate foundation becau  | ise it is (For lines 1 throi   | ugh 11,                             | check o   | nly one                   | box )              |                      |  |                               |                    |           |
| 1          | A church, convention  | on of churches or ass   | ociation of churches desc  | cribed in                           | section   | 170(b)                    | (i)(A)(I)          |                      |  |                               |                    |           |
| 2          | A school described  | in section 170(b)(1)(/  | A)(ii). (Attach Schedule E   | Ξ)                                  |   |                           |                    |                      |  |                               |                    |           |
| 3          | A hospital or coope   | rative hospital service   | e organization described   | ın secti                            | on 1 <b>70</b> (l                                     | )(1)(A)(                  | iii).              |                      |  |                               |                    |           |
| 4          | A medical research  | organization operate  | ed in conjunction with a h   | ospital o                           | describe  | d in sec                  | tion 17            | 0(b)(1)(A            | <b>XX</b> (iii). Er                      | nter the hos                  | oital's            |           |
|            | name, city, and sta   | te <sup>.</sup>   | ·  |                                     |   |                           |                    |                      |  |                               |                    |           |
| 5          | An organization open 170(b)(1)(A)(iv). (C                         | erated for the benefit<br>complete Part II)                             | of a college or university   | owned                               | or oper   | ated by                   | a gover            | nmental              | unit de                                  | scribed in s                  | ection             |           |
| 6<br>7     | An organization tha   |   | governmental unit descril<br>i substantial part of its su<br>art II)                                 |                                     |   |                           |                    | t or from            | the ger                                  | neral public                  | describ            | ed        |
| 8          | A community trust   | described in <b>section</b> 1   | 170(b)(1)(A)(vi). (Complet   | te Part I                           | 1)  |                           |                    |                      |  |                               |                    |           |
| 9          | from activities related<br>investment income<br>June 30, 1975 See | d to its exempt function and unrelated busine section 509(a)(2). (C     | •  | eptions, a<br>section               | and (2) n<br>511 tax)                                 | o more t<br>from bi       | han 33-<br>usiness | 1/3 % of<br>es acqui | its suppo                                | ort from gros                 | S                  | er        |
| 10         | An organization org   | janized and operated  | exclusively to test for pu   | iblic safe                          | ety See   | section                   | 509(a)             | (4).                 |  |                               |                    |           |
| 11         | An organization org<br>more publicly suppo<br>describes the type  | ganized and operated<br>orted organizations of<br>of supporting organiz | exclusively for the benef<br>described in section 509(a<br>zation and complete lines                 | fit of, to<br>a)(1) or<br>s 11e thi | perform<br>section<br>rough 11                        | the fun<br>509(a)(2<br>Ih | ctions (<br>2) See | of, or ca<br>section | rry out ti<br><b>509(a)(3</b>            | he purposes<br>B). Check th   | of one<br>e box t  | or<br>hat |
|            | aType I   | <b>b</b> Type II  | c Type III   | l – Fund                            | ctionally   | ıntegrat                  | ed                 |                      | d 🗌                                      | Type III-                     | Other              |           |
| е          | By checking this bo<br>than foundation ma<br>509(a)(2)            | ox, I certify that the or<br>inagers and other tha                      | rganization is not controll<br>in one or more publicly si  | led direc                           | tly or in<br>d organi                                 | directly<br>zations       | by one<br>describe | or more<br>ed in sec | disqual<br>ction 509                     | ified persoi<br>9(a)(1) or se | ns other<br>ection | r         |
| f          | If the organization r<br>check this box                           | received a written det  | termination from the IRS   | that is a                           | a Type I  | , Type II                 | or Typ             | e III sup            | porting                                  | organızatıor                  | ,                  |           |
| g          | Since August 17, 20   | 006, has the organiza   | ition accepted any gift of   | r contrib                           | ution fro   | om any                    | of the fo          | ollowing             | persons                                  | <sup>3</sup>                  |                    |           |
|            |   |   | controls, either alone or i  | together                            | with pe   | rsons d                   | escribe            | d ın (ıı) a          | and (III)                                | 11 g (i)                      | Yes                | No        |
|            | =   | ber of a person desc  | · · ·  |                                     |   |                           |                    |                      |  | 11 g (ii)                     | <u> </u>           |           |
|            | ` '   | •   | n described in (i) or (ii) al  | hove?                               |   |                           |                    |                      |  | 11 g (iii)                    |                    |           |
| h          | ` ,   | ,   | the supported organization   |                                     |   |                           |                    |                      |  | 119(11)                       |                    | —         |
|            |   |   | <del>,</del>   | 1                                   | la tha  | 63.04.                    |                    | 6.01                 | - 45-                                    | 6 m) A a                      | -4 C               |           |
|            | (i) Name of Supported<br>Organization                             | (ii) EIN  | (iii) Type of organization<br>(described on lines 1 9<br>above or IRC section<br>(see instructions)) | organizat<br>(i) lister             | Is the<br>tion in col<br>d in your<br>erning<br>ment? | the organ                 | (ı) of             | organizat            | s the<br>ion in col<br>zed in the<br>S ? | (vii) Amount                  | or Suppo           | irt       |
|            |   |   |  | Yes                                 | No  | Yes                       | No                 | Yes                  | No                                       |                               |                    |           |
|            |   |   |  |                                     |   |                           |                    | ļ                    |  |                               |                    |           |
|            |   |   |  | L                                   | L   | <u></u>                   |                    | L                    |  |                               |                    |           |
|            |   |   |  |                                     |   | [                         | [                  | [                    | [  |                               |                    |           |
|            |   |   |  |                                     |   |                           |                    | <u> </u>             |  |                               |                    |           |
|            |   |   |  |                                     |   | ļ                         |                    |                      |  |                               |                    |           |
|            |   |   |  |                                     |   |                           |                    | <u> </u>             | <u> </u>                                 |                               |                    |           |
|            |   |   |  |                                     |   |                           |                    |                      |  |                               |                    |           |
|            |   |   |  |                                     | <b> </b>  |                           | <u></u>            | <u> </u>             |  |                               |                    |           |
|            |   |   |  |                                     |   |                           |                    |                      | {  |                               |                    |           |
|            |   |   |  | ļ                                   | <u> </u>  | <u> </u>                  |                    |                      |  |                               |                    |           |
| Total      |   |   |  |                                     |   |                           |                    |                      |  | <u></u>                       |                    |           |

|                | t'II Support Schedule for   |                                       |                                     |  |  | 40-103                             |                    |                                       |
|----------------|---|---------------------------------------|-------------------------------------|--|--|------------------------------------|--------------------|---------------------------------------|
| Гаг            | (Complete only if you check   | -                                     |                                     |  | ид пдедиу ап                                 | u 170(b)(                          | I JA JA            | (VI)                                  |
| Sec            | tion A. Public Support  | ed the box on line                    | 5 J, 7, 01 6 01 Fai                 | (1)  |  |                                    |                    | <del></del>                           |
| Çaler          | ndar year (or fiscal year   | (a) 2005                              | (b) 2006                            | (c) 2007                                   | (d) 2008                                     | (e) 200                            | )9                 | (f) Total                             |
| _              | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')  |                                       |                                     |  |  |                                    |                    |                                       |
| 2              | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf  |                                       |                                     |  |  |                                    |                    |                                       |
| 3              | The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge |                                       |                                     |  |  |                                    |                    |                                       |
| 4              | Total. Add lines 1-through 3  | · · · · · · · · · · · · · · · · · · · |                                     |  |  |                                    |                    | · · · · · · · · · · · · · · · · · · · |
| 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   | ,<br>                                 |                                     |  |  |                                    |                    |                                       |
| Sec            | tion B. Total Support   |                                       |                                     |  |  |                                    |                    |                                       |
| Cale:<br>begi: | ndar year (or fiscal year<br>nning in) ►  | (a) 2005                              | (b) 2006                            | (c) 2007                                   | (d) 2008                                     | (e) 200                            | 9                  | (f) Total                             |
| 7              | Amounts from line 4   |                                       |                                     |  |  |                                    |                    |                                       |
| 8              | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources  |                                       |                                     |  |  |                                    |                    |                                       |
| 9              | Net income from unrelated<br>business activities, whether or<br>not the business is regularly<br>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 activ   | rities, etc (see in                   | structions)                         |  |  |                                    | 12                 |                                       |
| 13             | First five years. If the Form 990 organization, check this box and  |                                       | ation's first, seco                 | nd, third, fourth,                         | or fifth tax year a                          | s a section                        | 501(c)             | (3)                                   |
|                | tion C. Computation of Pu   |                                       |                                     |  |  |                                    | <del></del> ,      |                                       |
|                | Public support percentage for 20  |                                       |                                     | ne 11, column (f)                          |  |                                    | 14                 | <u>%</u>                              |
|                | Public support percentage from  |                                       |                                     |  |  |                                    | 15                 | <u>%</u>                              |
| 16 a           | 33-1/3 support test — 2009. If the and stop here. The organization  |                                       |                                     |  | d the line 14 is 33                          | 1-1/3 % or m                       | nore, c            | heck this box                         |
| t              | 33-1/3 support test - 2008. If the and stop here. The organization  |                                       |                                     |  | a, and line 15 is 3                          | 3-1/3% or r                        | nore, c            | check this box                        |
| 17 a           | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'  | meets the 'facts-                     | and-circumstance                    | s' test, check this                        | box and stop he                              | re. Explain                        | ın Part            | IV how                                |
|                | 10%-facts-and-circumstances to<br>or more, and if the organization<br>organization meets the 'facts-an<br>Private foundation. If the organi   | meets the 'facts-<br>d-circumstances' | and-circumstance<br>test. The organ | s' test, check this<br>ization qualifies a | box and <b>stop he</b><br>s a publicly suppo | <b>re.</b> Explain<br>orted organi | ın Part<br>zatıon. | IV how the ►                          |
| BAA            |   | zation did NOLCH                      | ech a DOX OII lille,                | , 10, 100, 100, 17                         |  |                                    |                    | 90 or 990-EZ) 2009                    |

### 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)

| Sec   | tion A. Public Support   |  |   |  |  |  |  |
|---|--|--|---|--|--|--|--|
|   | dar year (or fiscal yr heginning in)   | (a) 2005   | <b>(b)</b> 2006   | (c) 2007   | (d) 2008   | (e) 2009   | (f) Total  |
| 1   | Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')   | 17,905.  | 44,915.   | 76,855.  | 42,550.  | 83,445.  | 265,670.   |
| 2   | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt   | 18,240.  | 3,188.  | 420.   | 1,069.   | 695.   |  |
| 3   | purpose Gross receipts from activities that are not an unrelated trade or business under section 513   | 10,240.  | 3,100.  | 420.   | 1,009.   | 693.   | 23,612.  |
| 4   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |  |   |  |  |  | 0.   |
| 5   | The value of services or facilities furnished by a governmental unit to the organization without charge  | _  |   |  |  |  | 0.   |
| 6   | Total. Add lines 1 through 5   | 36,145.  | 48,103.   | 77,275.  | 43,619.  | 84,140.  | 289,282.   |
| 7 a   | Amounts included on lines 1, 2, 3 received from disqualified persons   | 0.   | 6,000.  | 0.   | 0.   | 0.   | 6,000.   |
| t   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the   |  |   | E 000  |  |  |  |
|   | year   | 0.   | 0.  | 5,000.   | 10,000.  | 0.   | 15,000.  |
|   | Add lines 7a and 7b  | 0.   | 6,000.  | 5,000.   | 10,000.  |  | 21,000.  |
| 8   | Public support (Subtract line  |  |   |  |  |  | 0.60 000   |
|   | 7c from line 6)  |  |   |  |  |  | <u>268,282.</u>  |
|   | tion B. Total Support  |  | T   | 4 2 2 2 2  |  |  |  |
|   |  |  |   |  |  |  |  |
|   | ndar year (or fiscal yr beginning in)  | (a) 2005   | <b>(b)</b> 2006   | (c) 2007   | (d) 2008   | (e) 2009   | (f) Total  |
| 9   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form   | 36,145.  | 48,103.   | 77,275.  | 43,619.  | 84,140.  | 289,282.   |
| 9<br>10 a   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | 36,145.  | 48,103.   | 77,275.<br>7,176.  | 43,619.  | 3,991.   | 289, 282.<br>23, 236.  |
| 9<br>10 a   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b   | 36,145.  | 48,103.   | 77,275.  | 43,619.  | 84,140.  | 289, 282.  |
| 9<br>10 a   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   | 36,145.  | 48,103.   | 77,275.<br>7,176.  | 43,619.  | 3,991.   | 289, 282.<br>23, 236.  |
| 9<br>10 a<br>t  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is   | 36,145.  | 48,103.   | 77,275.<br>7,176.  | 43,619.  | 3,991.<br>3,991.   | 289, 282.<br>23, 236.<br>0.<br>23, 236.  |
| 9<br>10 a<br>11   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in   | 36,145.  | 48,103.   | 77,275.<br>7,176.  | 43,619.  | 3,991.<br>3,991.   | 289, 282.<br>23, 236.<br>0.<br>23, 236.  |
| 9<br>10 a<br>11<br>12<br>13<br>14   | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and  | 36,145.  3,281.  3,281.  | 48,103.<br>4,781.<br>4,781.   | 77,275.<br>7,176.<br>7,176.  | 4,007.   | 3,991.<br>3,991.   | 289, 282.  23, 236.  0.  23, 236.  0.  312, 518.   |
| 9<br>10 a<br>11<br>12<br>13<br>14<br>Sec  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  | 36,145.  3,281.  3,281.  s for the organization here   | 48, 103.  4, 781.  4, 781.  ation's first, secondercentage  | 77,275. 7,176. 7,176.  | 43, 619.<br>4, 007.<br>4, 007.   | 3, 991. 3, 991.  | 289, 282.<br>23, 236.<br>0.<br>23, 236.<br>0.<br>312, 518.<br>3) ► □                                   |
| 9<br>10 a<br>11<br>12<br>13<br>14<br>Sec<br>15                                  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu  | 36,145.  3,281.  3,281.  is for the organizatop here  blic Support P   | 48,103.  4,781.  4,781.  ation's first, secondercentage on (f) divided by line  | 77,275. 7,176. 7,176.  | 43, 619.<br>4, 007.<br>4, 007.   | 3, 991. 3, 991.  | 289, 282.<br>23, 236.<br>0.<br>23, 236.<br>0.<br>312, 518.<br>3) ► □                                   |
| 9<br>10 a<br>11<br>12<br>13<br>14<br>Sec<br>15                                  | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from   | 36,145.  3,281.  3,281.  Is for the organize stop here blic Support P  109 (line 8, column 2008 Schedule A,  | 48,103.  4,781.  4,781.  4,781.  ation's first, secondercentage  n (f) divided by line Part III, line 15  | 77,275. 7,176. 7,176.  | 43, 619.<br>4, 007.<br>4, 007.   | 3, 991. 3, 991.  | 289, 282.<br>23, 236.<br>0.<br>23, 236.<br>0.<br>312, 518.<br>3) ► □                                   |
| 9<br>10 a<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec                     | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pupublic support percentage from tion D. Computation of Invitation 1.  | 36,145.  3,281.  3,281.  3,281.  is for the organization here blic Support P 009 (line 8, column 2008 Schedule A, restment Incor   | 48, 103.  4, 781.  4, 781.  4, 781.  etion's first, secondercentage (f) divided by line Part III, line 15 ne Percentage   | 77, 275. 7, 176. 7, 176. d, third, fourth, o   | 43, 619.<br>4, 007.<br>4, 007.   | 3, 991.  3, 991.  3, 991.  | 289, 282.<br>23, 236.<br>0.<br>23, 236.<br>0.<br>312, 518.<br>3) ► □  85.9%  83.3%                     |
| 9<br>10 a<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17               | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from those support percentage for suppor | 36, 145.  3, 281.  3, 281.  3, 281.  stop here blic Support P 109 (line 8, column 2008 Schedule A, restment Incomor 2009 (line 10c,  | 48,103.  4,781.  4,781.  4,781.  4,781.  ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided   | 77, 275.  7, 176.  7, 176.  d, third, fourth, of | 43, 619.<br>4, 007.<br>4, 007.   | 3, 991.  3, 991.  3, 991.  15  16  | 289, 282.<br>23, 236.<br>0.<br>23, 236.<br>0.<br>312, 518.<br>3) ► □<br>85.9 %<br>83.3 %<br>7.4 %      |
| 9<br>10 a<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18         | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from thousetment income percentage finvestment income percentage finestment | 36,145.  3,281.  3,281.  3,281.  3,281.  Stop here  blic Support P  109 (line 8, column  2008 Schedule A,  restment Incom  or 2009 (line 10c,  rom 2008 Schedul  | 48, 103.  4, 781.  4, 781.  4, 781.  4, 781.  ercentage n (f) divided by line Part III, line 15 ne Percentage column (f) divided le A, Part III, line   | 77, 275.  7, 176.  7, 176.  d, third, fourth, of | 43, 619.<br>4, 007.<br>4, 007.   | 3, 991.  3, 991.  3, 991.  15  16  17  18  | 289, 282.<br>23, 236.<br>0.<br>23, 236.<br>0.<br>312, 518.<br>3) ► □<br>85.9%<br>83.3%<br>7.4%<br>8.5% |
| 9<br>10 a<br>11<br>12<br>13<br>14<br>Sec<br>15<br>16<br>Sec<br>17<br>18<br>19 a | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu Public support percentage from those support percentage for suppor | 36, 145.  3, 281.  3, 281.  3, 281.  3, 281.  3, 281.  3, 281.  2008 Schedule A, estment Incorror 2009 (line 10c, rom 2008 Schedule A) or 2008 Schedule A) | 48, 103.  4, 781.  4, 781.  4, 781.  4, 781.  4, 781.  6rcentage  (f) divided by line Part III, line 15  ne Percentage  column (f) divided le A, Part III, line check the box on li. The organization d not check a box | 77,275.  7,176.  7,176.  d, third, fourth, of the 13, column (f)).  I by line 13, column (f) and 14, and line 15 qualifies as a purpon line 14 or 196  | 43, 619.  4, 007.  4, 007.  4, 007.  or fifth tax year as ablicly supported can and line 16 is not as a li | 3, 991.  3, 991.  3, 991.  15 16  17 18 %, and line 17 is not organization more than 33-1/3% | 289,282.  23,236.  0. 23,236.  0. 312,518.  3)   |

| Schedule A | (Form 990 or   | 990-EZ) 2    | 2009 TI | he <u>Joh</u> ns | on Count     | y Bar E   | Coundation     | 48-1059644  | Page 4       |
|------------|----------------|--------------|---------|------------------|--------------|-----------|----------------|---|--------------|
| Part IV    | Suppleme       | ntal Info    | rmation | . Complet        | e this part  | to provid | le the explana | ations required by Part I<br>onal information. See in | l, line 10;  |
|            | rart II, IIIIe | : 17a Or     | 170; an | u rart III,      | IIIIe 12. Ft | ovide all | y other additi | onal information. See if                              | istructions. |
|            |                |              |         |                  |              |           |                |   |              |
|            |                |              |         |                  |              |           |                |   |              |
|            |                |              |         |                  |              |           |                |   |              |
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|            |                | <del>-</del> |         |                  |              |           |                |   |              |
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|            |                |              |         |                  |              |           |                |   |              |
|            |                |              |         |                  |              |           |                |   |              |
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|            |                |              |         |                  |              |           |                |   |              |

## SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

OMB No 1545 0047

Open to Public Inspection

| Department of the Treasury Internal Revenue Service                          | Attach to Form                      | n990 or Fo                | orm 990-E                   | Z. ► See separate inst                               | ructions.                              | Inspection                            |
|--|-------------------------------------|---------------------------|-----------------------------|--|--|---------------------------------------|
| Name of the organization   |                                     |                           |                             |  | Employer identific                     | ation number                          |
| The Johnson County Bar Fo  | undation                            |                           |                             |  | 48-105964                              | 4_                                    |
| Part I Fundraising Activities. Comp<br>Form 990EZ filers are not req         | lete if the orga                    | nization a<br>ete this pa | nswered '\<br>irt           | es' to Form 990, Part l                              | V, line 17                             |                                       |
| 1 Indicate whether the organization  | raised funds th                     | rough any                 | of the foll                 | owing activities Check                               | all that apply                         | · · · · · · · · · · · · · · · · · · · |
| Mail solicitations   |                                     |                           |                             | Solicitation of non-                                 | government grants                      |                                       |
| Internet and email solicitations   | <b>.</b>                            |                           |                             | Solicitation of gove                                 | ernment grants                         |                                       |
| Phone solicitations  |                                     |                           |                             | Special fundraising                                  | events                                 |                                       |
| In-person solicitations  |                                     |                           |                             |  |  |                                       |
| 2a Did the organization have written of employees listed in Form 990, Par    | or oral agreeme<br>t VII) or entity | ent with ai               | ny individu<br>tion with p  | al (including officers, d<br>rofessional fundraising | irectors, trustees or key<br>services? | Yes No                                |
| b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the | dıvıduals or en<br>e organızatıon   | tities (fund              | draisers) p                 | ursuant to agreements                                | under which the fundra                 | alser is to be                        |
|  |                                     | Citis Dist                | fundanear                   | (1.)   | (v) Amount paid to                     | (vi) Amount poud to                   |
| (i) Name of individual<br>or entity (fundraiser)                             | (ii) Activity                       | have custo                | fundraiser<br>dy or control | (iv) Gross receipts<br>from activity                 | (or retained by) fundraiser listed in  | (vi) Amount paid to (or retained by)  |
|  |                                     | of contr                  | ributions?                  |  | col (ı)                                | organization                          |
|  |                                     | Yes                       | No                          |  |  |                                       |
|  |                                     |                           |                             |  |  |                                       |
|  |                                     |                           | <u> </u>                    |  |  |                                       |
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|  |                                     |                           |                             |  |  |                                       |
| Total  |                                     |                           |                             | <u> </u>   |  |                                       |
| 3 List all states in which the organiz                                       | ation is registe                    | red or lice               | nsed to so                  | olicit funds or has been                             | notified it is exempt from             | om registration                       |
| or licensing   |                                     |                           |                             |  |  |                                       |
|  |                                     |                           |                             |  |  |                                       |
|  |                                     |                           |                             |  |  |                                       |
|  |                                     |                           |                             |  |  |                                       |
|  |                                     |                           |                             |  |  | ~                                     |
|  |                                     |                           |                             |  |  |                                       |
|  |                                     |                           |                             |  |  |                                       |
|  |                                     |                           |                             |  |  |                                       |
|  |                                     |                           |                             |  |  |                                       |
|  |                                     |                           |                             |  |  |                                       |
|  |                                     |                           |                             |  |  |                                       |
|  |                                     |                           |                             |  |  |                                       |

| rai             | <u>, 11</u> | reported more than \$15,000 on F  | the organization a<br>form 990-EZ, line 6 | nswered fes to Fo<br>Sa. List events with | gross receipts grea      | ater than              | \$5,00                     | 0.            |
|-----------------|-------------|---|---|---|--------------------------|------------------------|----------------------------|---------------|
|                 |             |   | (a) Event #1 Charity Stampe               | <b>(b)</b> Event #2                       | (c) Other Events         | (d) Tota<br>(Add col ( | l Even<br>(a) thro<br>(c)) | its<br>ough   |
| R<br>E          |             |   | (event type)                              | (event type)                              | (total number)           |                        | (-//                       |               |
| REVENUE         | 1           | Gross receipts  | 51,405.                                   |   |                          |                        | 51,4                       | 05.           |
| E               | 2           | Less Charitable contributions   | 19,000.                                   |   |                          |                        | 19,0                       | <u> 00</u> 0. |
|                 | 3           | Gross income (line 1 minus line 2)  | 32,405.                                   |   |                          |                        | 32,4                       | 05.           |
|                 | 4           | Cash prizes   |   |   |                          |                        |                            |               |
|                 | 5           | Noncash prizes  |   |   |                          |                        |                            |               |
| DIRECT          | 6           | Rent/facility costs   |   |   |                          |                        |                            |               |
|                 | 7           | Food and beverages  |   |   |                          |                        |                            |               |
| E<br>X<br>P     | 8           | S Entertainment   |   |   |                          |                        |                            |               |
| EXPENSES        | 9           | Other direct expenses   | 31,710.                                   | <u> </u>                                  |                          |                        | 31,7                       | 10.           |
| Š               | 10          | Direct expense summary Add lines 4- t   | hrough 9 in column (d)                    |   | •                        |                        | 31,7                       | 710.          |
|                 | 11          |   |   |   | •                        |                        |                            | 595.          |
| Pai             | rt II       | Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a             | ation answered 'Ye<br>ı.                  | es' to Form 990, Pa                       | rt IV, line 19, or re    | ported mo              | ore th                     | ıan           |
|                 |             |   | (a) Bingo                                 | (b) Pull tabs/Instant                     | (c) Other gaming         | (d) Tota               | Laami                      |               |
| REVEZUE         |             |   | (a) Bingo                                 | bingo/progressive<br>bingo                | (c) Other garning        | (Add col (             | (a) thro<br>(c)            | ough          |
| N               |             | ,   |   |   |                          |                        |                            |               |
| E               | 1           | Gross revenue   |   |   |                          |                        |                            |               |
| D E             | 2           | ? Cash prizes   |   |   |                          |                        |                            |               |
| D I P E N S E S | 3           | Non-cash prizes   |   |   |                          |                        |                            | -             |
| S               | 4           | Rent/facility costs   |   |   |                          |                        |                            |               |
|                 |             | Other direct expenses   |   |   |                          |                        |                            |               |
|                 |             | 5 Volunteer labor   | Yes%                                      | Yes%                                      | Yes%                     |                        |                            |               |
|                 |             |   | <u> </u>                                  | 11 -1                                     |                          |                        |                            |               |
|                 | 7           | 7 Direct expense summary Add lines 2 the                                      | rough 5 in column (d)                     |   | -                        |                        | <del></del>                |               |
| _               |             | Net gaming income summary Combine   | lines 1, column (d) and                   | l line 7                                  | •                        |                        | YES                        | NO            |
| 9               | Er          | iter the state(s) in which the organization of                                | perates gaming activitie                  | es  |                          |                        | 123                        |               |
|                 |             | the organization licensed to operate gamin No,' explain                       | g activities in each of th                | hese states?                              |                          | 9a                     |                            | ļ             |
| •               |             |   |   |   |                          |                        |                            |               |
|                 |             | ere any of the organization's gaming licensityes,' explain                    | es revoked, suspended                     | or terminated during th                   | e tax year?              | 10a                    |                            |               |
|                 |             |   |   |   |                          |                        |                            |               |
| 11              | Do          | pes the organization operate gaming activiti                                  | es with nonmembers?                       |   |                          | 11                     |                            |               |
| 12              | ls<br>ad    | the organization a grantor, beneficiary or tr<br>iminister charitable gaming? | rustee of a trust or a me                 | ember of a partnership                    | or other entity formed t | o -<br>12              | <u> </u>                   |               |
| RΔ              |             |   | TFFA3702L                                 | 02/05/10                                  | Schedule G (Fo           | rm 990 or 9            | 90.F7                      | 2000          |

| indicate the percentage of gaming activity operated in a The organization's facility  13a  | YES | NO   |
|--|-----|--|
| a The organization's facility b An outside facility  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name   Address   Address    15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  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 of the third party:  Name   Address    Gaming manager information  Name    Gaming manager compensation   \$   |     |  |
| b An outside facility  13b   |     |  |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records  Name  |     |  |
| Name Address A |     |  |
| Address   15a Does the organization have a contact 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 of the third party:  Name   Address   Gaming manager information  Name   Gaming manager compensation   \$ \$  |     |  |
| 15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?  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 of the third party:  Name   |     | The state of the s |
| 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 of the third party:  Name  |     |  |
| of gaming revenue retained by the third party \$   |     |  |
| Name   Address   Gaming manager information  Name   Gaming manager compensation   \$   | ς.  | A de la companya de l |
| Address   Gaming manager information  Name   Gaming manager compensation   \$  |     |  |
| 16 Gaming manager information  Name ►  Gaming manager compensation ► \$  |     |  |
| Name ►  Gaming manager compensation ► \$   |     |  |
| Gaming manager compensation ► \$   |     |  |
|  |     |  |
| Description of services provided   |     |  |
|  |     |  |
| ☐ Director/officer ☐ Employee ☐ Independent contractor   |     | 1  |
| 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?   |     |  |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$   |     |  |
| BAA TEEA3703L 02/05/10 Schedule <b>G</b> (Form 990 or 9  |     |  |

| 2009  | Federal Statements                            |    | Page     |
|---|---|----|----------|
|   | The Johnson County Bar Foundation             |    | 48-10596 |
| Statement 1<br>Form 990-EZ, Part I, Line 5c<br>Net Gain (Loss) from Noninve | ntory Sales                                   |    |          |
| Publicly Traded Securiti  | es  |    |          |
| Gross Sales Price:<br>Cost or Other Basis:                                  | 338,486.<br>349,829.                          |    |          |
|   | Total Gain (Loss) Publicly Traded Securities  | \$ | -11,343  |
|   | Total Net Gain (Loss) From Noninventory Sales | \$ | -11,343  |
| Statement 2<br>Form 990-EZ, Part I, Line 10<br>Grants and Similar Amounts F | Paid  | •  |          |
| Donee's Name:<br>Relationship of Donee:<br>Cash Amount Given:               | TLC For Children and Families<br>None         | \$ | 75       |
| Donee's Name:<br>Relationship of Donee:<br>Cash Amount Given:               | YMCA of Greater Kansas City<br>None           | \$ | 75       |
| Donee's Name:<br>Relationship of Donee:<br>Cash Amount Given:               | Blue Valley Educational Fd<br>None            | \$ | 2,50     |
| Donee's Name:<br>Relationship of Donee:<br>Cash Amount Given:               | Sunflower House<br>None                       | \$ | 1,00     |
| Donee's Name:<br>Relationship of Donee:<br>Cash Amount Given:               | Head Start of Shawnee Mission<br>None         | \$ | 2,00     |
| Donee's Name:<br>Relationship of Donee:<br>Cash Amount Given:               | Friends of JCDS<br>None                       | \$ | 2,00     |
| Donee's Name:<br>Relationship of Donee:<br>Cash Amount Given:               | Johnson County Library Fd<br>None             | \$ | 2,0      |

| Statement 3 Form 990-EZ, Part I, Line 16 Other Expenses                  |  |
|--|--|
| Awards Bank Charges Filing fees Foreign Dividends Tax Insurance Meetings | \$<br>447.<br>539.<br>40.<br>19.<br>1,150.<br>1,127. |

| 2009 Fe   | ederal Statement                               | ts          |    |                              |       | Pag                      | ge 2            |
|---|--|-------------|----|------------------------------|-------|--------------------------|-----------------|
| The Joh   | nnson County Bar Four                          | ndation     |    | <del></del>                  |       | 48-105                   | 59644           |
| Statement 3 (continued) Form 990-EZ, Part I, Line 16 Other Expenses   |  |             |    |                              |       |                          |                 |
| Rounding adjustment<br>Supplies<br>Website  |  |             |    | \$ Total §                   |       | 51                       | 3.<br>6.<br>00. |
| Statement 4 Form 990-EZ, Part II, Line 24 Other Assets  |  |             |    |                              |       |                          |                 |
| Deferred Dep. for 2010 Charity Sta  | ampede   | Total       | \$ | ginning<br>0.<br>0.          |       | Ending                   | 275.<br>275.    |
| Statement 5<br>Form 990-EZ, Part II, Line 26<br>Total Liabilities   |  |             |    |                              |       |                          |                 |
| Deferred Revenue  |  | Total       | \$ | ginning<br>0.<br>0.          |       | Ending<br>5,8<br>5,8     | 25.<br>25.      |
| Statement 6 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments  Lawyers Helping the Community. By promoting, on behalf of the legal profession, good works which advance our local system of justice, or support children and family related charities and organizations. In support of this mission the Foundation strives to support the local community by raising momey from its members and in turn making grants that advance its mission. |  |             |    |                              |       |                          |                 |
| Statement 7<br>Form 990-EZ, Part IV<br>List of Officers, Directors, Trustees, and K   | Key Employees                                  |             |    |                              |       |                          |                 |
| Name and Address  | Title and<br>Average Hours<br>Per Week Devoted | Compersatic |    | Contri<br>bution<br>_EBP & I | to    | Expen<br>Accour<br>_Othe | nt/             |
| John Gerstle<br>12980 Metcalf, Ste 200<br>Overland Park, KS 66213   | Trustee<br>2.00                                | \$          | 0. |                              | 0. \$ |                          | 0.              |

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### **Federal Statements**

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The Johnson County Bar Foundation

48-1059644

Statement 7 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

| Name and Address   | Title and<br>Average Hours<br><u>Per Week Devoted</u> | Compen-<br>sation | Contri-<br>bution to<br>EBP & DC | Expense<br>Account/<br>Other |
|--|---|-------------------|----------------------------------|------------------------------|
| Hon. J. Charles Droege<br>100 N. Kansas<br>Olathe, KS 66061                | President :<br>2.00                                   | \$ 0.             | \$ 0.                            | \$ 0.                        |
| Matthew C. Miller<br>2555 Grand Boulevard<br>Kansas City, MO 64108         | President Elect<br>2.00                               | 0.                | 0.                               | 0.                           |
| Amanda Thilges<br>9300 W. 110 Street<br>Overland Park, KS 66210            | Vice President<br>2.00                                | 0.                | 0.                               | 0.                           |
| Frank A. Caro, Jr<br>6201 College Boulevard<br>Overland Park, KS 66211     | Trustee<br>2.00                                       | 0.                | 0.                               | 0.                           |
| Charles J. Andres<br>130 N. Cherry, Ste 101<br>Olathe, KS 66061            | Treasurer<br>2.00                                     | 0.                | 0.                               | 0.                           |
| Robert J. Bjerg<br>7015 College Boulevard<br>Overland Park, KS 66211       | Trustee<br>2.00                                       | 0.                | 0.                               | 0.                           |
| Hon. Brenda Cameron<br>100 N.Kansas<br>Olathe, KS 66061                    | Secretary<br>2.00                                     | 0.                | 0.                               | 0.                           |
| Lawrence L. Feree, III<br>9300Metcalf, Ste. 300<br>Overland Park, KS 66212 | Trustee<br>2.00                                       | 0.                | 0.                               | 0.                           |
| Tyler Garretson<br>105 E. Park<br>Olathe, KS 66061                         | Trustee<br>2.00                                       | 0.                | 0.                               | 0.                           |
| Thomas A. Hamill<br>6900 College Boulevard<br>Overland Park, KS 66207      | Trustee<br>2.00                                       | 0.                | 0.                               | 0.                           |
| Nathan C. Harbur<br>11150 Overbrook Rd, Ste 350<br>Leawood, KS 66211       | Trustee<br>2.00                                       | 0.                | 0.                               | 0.                           |
| Casey O. Housley<br>2345 Grand Boulevard<br>Kansas City, MO 64108          | Trustee<br>2.00                                       | 0.                | 0.                               | 0.                           |

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### **Federal Statements**

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The Johnson County Bar Foundation

48-1059644

Statement 7 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

| Name and Address  | Title and<br>Average Hours<br>Per Week Devoted | Compen-<br>sation | Contri-<br>bution to<br>EBP & DC | Expense<br>Account/<br>Other |
|---|--|-------------------|----------------------------------|------------------------------|
| Scott C. Gyllenborg<br>111 S. Kansas Ave<br>Olathe, KS 66061                      | Trustee \$                                     | \$ 0.             | \$ 0.                            | \$ 0.                        |
| Gerald A. King<br>2345 Grand Boulevard<br>Kansas City, MO 64108                   | Trustee<br>2.00                                | 0.                | 0.                               | 0.                           |
| J. Brett Milbourn<br>2500 City Center Square<br>Kansas City, MO 64196             | Trustee<br>2.00                                | 0.                | 0.                               | 0.                           |
| Christopher M. Reecht<br>105 E. Park<br>Olathe, KS 66061                          | Trustee<br>2.00                                | 0.                | 0.                               | 0.                           |
| Debra A. Vermillion<br>214 S. Chestnut Street, Ste 3<br>Olathe, KS 66061          | Trustee<br>2.00                                | 0.                | 0.                               | 0.                           |
| Harry E. Wigner, Jr<br>10851 Mastin Blvd, Ste. 1000<br>Overland Park, KS 66210    | Trustee<br>2.00                                | 0.                | 0.                               | 0.                           |
| Matthew J. Wiltanger<br>9401 Indian Creek Pkwy St 1500<br>Overland Park, KS 66210 | Trustee<br>2.00                                | 0.                | 0.                               | 0.                           |
| Jean Wise<br>P.O. Box 7286<br>Shawnee Mission, KS 66207                           | Trustee<br>2.00                                | 0.                | 0.                               | 0.                           |
| Linda Coffee<br>130 N. Cherry, Ste 202<br>Olathe, KS 66061                        | Executive Direc 5.00                           | 0.                | 0.                               | 0.                           |
| Toby J. Crouse<br>9200 Indian Creek Parkway<br>Overland Park, KS 66210            | Trustee<br>2.00                                | 0.                | 0.                               | 0.                           |
| Timothy G. Elliott<br>P.O. Box 27268<br>Shawnee Mission, KS 66225                 | Trustee<br>2.00                                | 0.                | 0.                               | 0.                           |
| Christine M. Graham<br>6201 College Boulevard<br>Overland Park, KS 66211          | Trustee<br>0                                   | 0.                | 0.                               | 0.                           |
|   | Total  | \$ 0.             | \$ 0.                            | \$ 0.                        |

2009

### **Federal Statements**

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The Johnson County Bar Foundation

48-1059644

Statement 8 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or

indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No