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## Form **990**

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

	For t	ne 2009 calen	dar year,	or tax year beginning_		, 2009	, and endin	g		-	,		
В	Check	if applicable		C	- <del></del>		•		D Employ	er Identi	fication N	ımber	
	Па	dress change	Please use IRS label	Foundation of the	State Bar	r of CA	A		94-	3104	546		
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				As C Above					attach a list		tructions)	Yes	No
<u> </u>		-exempt statu			4947(a	a)(1) or	527						
1	We	bsite: ► ww		arfoundation.org					exemption n	umber 🏲	· 		
<u>K</u>		of organization	X Corpor	ation Trust Association	Other ►	L	Year of Formati	on 198	9 <b>M</b> :	State of I	egal domic	ile CA	
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8				bers of the governing body			***			3			26
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ا ۾			-	III, column (A), lines 5, 6d, 8		110)		<del></del>	396, 2				300.
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9				ounts paid (Part IX, column		ALIII (27), II	116 12)		$\frac{7500,2}{537,7}$				652.
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57				isation, employee benefits (		· (A) lines	E 10)	<b></b>	318,6	E 2	-	202	400.
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				SEE (RartUX) Column (D), III		19	96,893 <u>.</u>			_	4		
ı – د	17	Other expens	es (Part l	X, column (A), lines 11a-11d	J, 11f-24f)				247,5	93.		162,	539.
() UV 27 1	18	Total expense	es Add In	nes 13-17 (must equal Part I	X, column (A),	line 25)		2	,103,9	51.	1,	051,	<u>591.</u>
	19_	Revenue less	expense	Subtract line 18 from line	12				-537,7	12.		-538,	942.
3 8							-	Begin	ning of Y	ear	End	d of Yea	ar _
it Assets or	20	Total assets (	Part X. II	ne 16)					,716,0			686,	
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2.E			•	ances. Subtract line 21 from	line 20			1	,661,0		1	663,	
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Onl		employed),		l Telegraph Ave St				EII	v ► 9	4-324	<u> 13888</u>		
	<u> </u>	address, and ZIP + 4	0ak.	land, CA 94612-215	1			Ph	one no 🕨	(510	) 835	-2727	7
May	the II	RS discuss thi	s return v	with the preparer shown above	ve? (see instruc	ctions)					X Ye	s	No
BAA	For	Privacy Act a	nd Paper	work Reduction Act Notice,	see the separa	te instruct	tions.		TEEA0113L	12/29/0	9 Fo	m <b>990</b>	(2009)

Form 990 (2009) Foundation of the State Bar of CA	94-3	10454	16		Page 2
Part III Statement of Program Service Accomplishments	_				
1. Briefly describe the organization's mission.					
See Schedule O		<b>-</b>		<b></b> -	
<u> </u>		<del>-</del>			
		- <b>-</b>			
2 Did the organization undertake any significant program services during the year which were not listed on t	he prior				
Form 990 or 990-EZ?			Yes	X	No
If 'Yes,' describe these new services on Schedule O					
3 Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ces?		Yes	X	No
If 'Yes,' describe these changes on Schedule O					
Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	by expens allocation	ses Se is to otl	ction 5 hers, t	01(c) he tot	(3) al
4a (Code (Expenses \$ 377,265. Including grants of \$ 294,800.) (Reference to pursue public interest law careers and to outstanding law students are communities underrepresented in the membership of the State Bar. Foundation awarded \$122,040 in Public Interest Scholarships to 28 in Rosenthal Bar Exam Scholarships to 17 students, and \$128,700 in Scholarships to 22 students.	s by a duates nts fr In 200 studen	ward who om 9, t	int he \$44,	- <b></b>	
4b (Code	em by r of C Found with a	prov alifo ation spec	orni n_aw cial	a, arde	))
		- <b></b> -			
4c (Code (Expenses \$ 66,346. Including grants of \$ 65,000.) (Rother Foundation educates the public about its rights and responsible law through its support of the State Bar of California's public educations. In 2009, the Foundation provided a \$65,000 grant to support the publication of Seniors & the Law: A Guide for Maturing copies of which are provided free of charge to more than one milling families, and their caregivers over three years.	lities ucatio the S Calif	unde n tate ornia	Bar	to	
4d Other program services (Describe in Schedule O )					
(Expenses \$ including grants of \$ ) (Revenue \$				)	
4e Total program service expenses ► 712, 196.					

			Yes	No
1	* Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	_6_		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	2.16	Х
•	<ul> <li>Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI</li> </ul>			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	<ul> <li>Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII</li> </ul>	-	and the	· ·
	<ul> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX</li> </ul>			260
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	· ·		
	<ul> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X</li> </ul>			×
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	4
12/	A Was the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	,	X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŧ	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Part IV Checklist of Required Schedules (continued) Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III X 22 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule I 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I X 25a **b** Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete* Schedule L. Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions); a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes.' complete Schedule L. Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 line 1 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 X

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Form 990 (2009)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance No Yes 1 a Enter the number reported in Box 3 of form 1096. Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1 a 8 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 8 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3: X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3 b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42 **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5t c If 'Yes.' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 50 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 72 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 70 d If 'Yes,' indicate the number of Forms 8282 filed during the year -0 e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? X 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 7 TO 1 a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a **b** Gross income from other sources (Do not net amounts due or paid to other sources against

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amounts due or received from them.)

Form 990 (2009)

12 a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

11 h

12b

**Governing Body and Management** 

Section A.

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No', response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1	a Enter the number of voting members of the governing body		1 - F - S	
	<b>b</b> Enter the number of voting members that are independent  1b  26	1	<b>~</b> 1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		<u>.</u>	11.5
	officer, director, trustee or key employee?	2		X_
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents	4		Χ_
	since the prior Form 990 was filed?			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Х
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7Ь		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	1.4	<b>1</b>	<b>1</b>
	a The governing body?	8a	X	(14:30.)
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8Ь	X	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O			l ,
Se	ction B. Policies (This Section B requests information about policies not required by the Internal	9	_	<u> </u>
	venue Code )			
7100	ende wae's		Yes	No
10	a Does the organization have local chapters, branches, or affiliates?	10a	163	X
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates,	102		<u> </u>
	and branches to ensure their operations are consistent with those of the organization?	10 Ь		
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	L,
	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O			
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official See Schedule Q	15a	Х	
1	b Other officers of key employees of the organization See Schedule O	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions )			1
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable		- M	
	entity during the year?	16a		X
1	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		****
Sec	ction C. Disclosures			—
	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avinspection. Indicate how you make these available. Check all that apply.	aılable	for p	oublic
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policistatements available to the public. See Schedule O	cy, an	d fina	ncıal
	State the name, physical address, and telephone number of the person who possesses the books and records of the organic			
	Frank_Bittner_180_Howard_Street_San_Francisco_CA_94105_415-856-0780			

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Form **990** (2009)

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons.

Vivian L. KralVice President2XX0.0.0.Steven G. Tidrick	Check this box if the organization did no	ot comper	sate a	any (	curr	ent	officer	r, dır	ector, or trustee		
Mario_Camara	(A)				•	•			(D)	<b>(E)</b>	(F)
Mario Camara	Name and Title	hours		_		_		_	Reportable	Reportable	Estimated
President		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related
Vivian L. Kral   Vice President   2		l		1							
Vice President		4	X		X				0.	0.	0.
Steven G. Tidrick											
Steven G. Tidrick   2		2	Х		X				0.	0.	0.
Mark Parnes   Secretary   2	Steven G. Tidrick								<del></del>	-	
Secretary	Vice President	2	X		X				0.	0.	0.
Lindsay L. Lee	Mark Parnes										
Lindsay L. Lee	Secretary	2	X		X				0.	0.	0.
Raul Ayala   Director   2	Lindsay L. Lee	i									
Raul Ayala   Director   2		2	_X		X				0.	0.	0.
Ronald L. Blanc   Director   2	Raul Ayala										
Director		2	Х						0.	0.	0.
Peter R. Boutin	Ronald L. Blanc								,		
Peter R. Boutin   Director   2	Director	2	Х						0.	0.	0.
Director   2	Peter R. Boutin										
Director   2	Director	2	Х						0.	0.	0.
Neel Chatterjee         2         X         0.         0.         0.           Richard Lee Crabtree         0.         0.         0.         0.         0.           Director         2         X         0.         0.         0.         0.           Hon. Marguerite D. Downing         0.         0.         0.         0.         0.         0.         0.           Holly J. Fujie         0. <t< td=""><td>Geoffrey F. Brown</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	Geoffrey F. Brown										
Neel Chatterjee	Director	2	Х						0.	0.	0.
Richard Lee Crabtree         Director         2 X         0.         0.         0.           Hon. Marguerite D. Downing Director         2 X         0.         0.         0.         0.           Holly J. Fujie Director         2 X         0.         0.         0.         0.           Martha K. Gooding Director         2 X         0.         0.         0.         0.           Bruce Hamilton Director         2 X         0.         0.         0.         0.           Dean Hansell Director         2 X         0.         0.         0.         0.           Joan M. Haratani         0.         0.         0.         0.         0.	Neel Chatterjee										
Richard Lee Crabtree         2         X         0.         0.         0.           Director         2         X         0.         0.         0.           Holly J. Fujie         0.         0.         0.         0.           Director         2         X         0.         0.         0.           Martha K. Gooding         0.         0.         0.         0.         0.           Bruce Hamilton         0.         0.         0.         0.         0.           Director         2         X         0.         0.         0.         0.           Dean Hansell         0.         0.         0.         0.         0.         0.           Joan M. Haratani         0.         0.         0.         0.         0.         0.	Director	2	Х						0.	0.	0.
Hon. Marguerite D. Downing   Director   2	Richard Lee Crabtree										
Hon. Marguerite D. Downing   Director   2   X   0.   0.   0.   0.	Director	2	Х						0.	0.	0.
Holly J. Fujie   Director   2 X   0. 0. 0. 0.	Hon. Marguerite D. Downing	-									
Holly J. Fujie	Director	2	Х	i					0.	0.	0.
Martha K. Gooding       Director       2 X       0.       0.       0.         Bruce Hamilton       0.       0.       0.       0.         Director       2 X       0.       0.       0.         Dean Hansell       0.       0.       0.       0.         Joan M. Haratani       0.       0.       0.       0.	Holly J. Fujie										
Martha K. Gooding       Director       2 X       0.       0.       0.         Bruce Hamilton       2 X       0.       0.       0.       0.         Director       2 X       0.       0.       0.       0.         Dean Hansell       0.       0.       0.       0.       0.         Joan M. Haratani       0.       0.       0.       0.       0.	Director	2	Х						0.	0.	0.
Director         2 X         0.         0.         0.           Bruce Hamilton         2 X         0.         0.         0.         0.           Director         2 X         0.         0.         0.         0.         0.           Director         2 X         0.         0.         0.         0.         0.           Joan M. Haratani         0.         0.         0.         0.         0.         0.         0.	Martha K. Gooding										
Bruce Hamilton       2 X       0. 0. 0.         Director       2 X       0. 0. 0.         Dean Hansell       2 X       0. 0. 0.         Joan M. Haratani       0. 0. 0.		2	Х						0.	0.	0.
Director         2 X         0.         0.         0.           Dean Hansell         2 X         0.         0.         0.           Director         2 X         0.         0.         0.           Joan M. Haratani         0.         0.         0.         0.						$\neg$					
Dean Hansell Director 2 X 0. 0. 0.  Joan M. Haratani		2	Х				l	- 1	0.	0.	0.
Director 2 X 0. 0. 0. Joan M. Haratani				$\neg$	$\neg$						
Joan M. Haratani		2	_x	_	_		ı		0.	0.1	0.
				$\neg$			j	$\dashv$			
		2	<u> </u>		_	_			0.	0.	0.

TEEA0107L 11/10/09

Part VII   Section A. Officers, Directors, Trus	tees, k	(ey	Em	ıplo	oye	es,	an	d Highest Con	npensated Emp	loyees (cont.)
(A)	(B)	(c)				(D)	(E)	(F)		
Name and Title	Average hours	Posi	tion (					Reportable	Reportable	Estimated
	hourš per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Diane Cafferata Hutnyan										
Director	2	X						0.	0.	0.
Bruce G. Iwasaki										
Director	2	X		<u> </u>				0.	0.	0.
Steven S. Kaufhold	1									u
Director	2	Х	L.,		ļ			0.	0.	0.
Michael O. Kokesh										
Director	2	Х			ļ			0.	0.	0.
Joan Kupersmith Larkin				'						
Director	2	X			<u> </u>	Ш		0.	0.	0.
Howard B. Miller			١.							
Director	2	X				Ш		0.	0.	0.
Bradley S. Phillips										
Director	2	Х			ļ			0.	0.	0.
Stanton L. Stein										
Director	2	Х	Щ		<u> </u>	Ш		0.	0.	0.
Paul Tepper										
Director	2	Х	Ш		_			0.	0.	0.
Theodore T. Ting										
Director	2	Х	Ш		_	Ш		0.	0.	0.
Douglas A. Winthrop	1									
Director	2	X	Щ			$\sqcup$		0.	0.	0.
Leslie T. Hatamiya	ļ			i						
Executive Dir.	40			X	╙	Ш		113,339.	0.	0.
1 b Total					L	1	<b>•</b>	113,339.	0.	0.
2. Total number of individuals (including but not limiter	d to the	1	-4	aha				sound more than	\$100 000 in consider	ble semmenter

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

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

- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

		Yes	No
	3		_ X_
	1, 5		1.4
,	4		X
	1		
	5		Х

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

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation
2 Total number of independent contractors (including but not limited to	those listed above) who received more than	

\$100,000 in compensation from the organization > 0

Pe	rt VIII Statement of Revenue					
	•	•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2 2	1a Federated campaigns 1a			-	,	77
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	b Membership dues 1b		3	1		
200	c Fundraising events.		]			
FI	d Related organizations 1 d		┦ `		1	
S,S	e Government grants (contributions) 1e		] .		1	1,2
E 25	f All other contributions gifts grants and		7 ' '			
25	f All other contributions, gifts, grants, and similar amounts not included above 1f 986,	521.			1 2 3	
ĔĢ	g Noncash contribns included in lns 1a-1f: \$					1
양폭	h Total. Add lines 1a-1f	•	986,521.	是 整理 是		
- BOE	Business C	ode	,	7.	24. (1)	<b>这个时间</b>
Ş	2a					ļ
Ä	b					
Ş	c		ļ			
SE	d		<u> </u>			
A A	e		<u> </u>			ļ
õ	f All other program service revenue					
			-			
	3 Investment income (including dividends, interest ar other similar amounts)	nd ▶	27,012.			27,012.
	4 Income from investment of tax-exempt bond proces	eds 🕨		· · · · · · · · · · · · · · · · · · ·		2.,022.
	5 Royalties	<b>•</b>	5,748.			5,748.
	(i) Real (ii) Perso	onal				ALC: NO.
	6a Gross Rents				Maria de la compania	
	<b>b</b> Less. rental expenses					
	c Rental income or (loss)		1 70 1 10	a modernia and	tone of the Marie	
	d Net rental income or (loss)	<b>•</b>	•			
	7a Gross amount from sales of (i) Securities (ii) Other	er				Control Street, and a second
	assets other than inventory 1,512,500.					
	b Less: cost or other basis					
	and sales expenses 2, 020, 684.  c Gain or (loss) -508, 184.		The state of the s	400		
	c Gain or (loss)		-508,184.		16 No. 16 No	F00 104
	_ ` ` · ·		-300,104.			-508,184.
Ä	8a Gross income from fundraising events (not including \$			A CONTRACT		
Ž.	of contributions reported on line 1c).			27.00		
<u> </u>	See Part IV, line 18		的表现引导等			
OTHER REVENU	b Less: direct expenses b	•			Age of the last of	
ò	c Net income or (loss) from fundraising events	<b>&gt;</b>				
	9a Gross income from gaming activities					<b>新州州</b> (1973年)
	9a Gross income from gaming activities. See Part IV, line 19					
	<b>b</b> Less: direct expenses <b>b</b>			1	<b>图</b> 100 元 18	A CONTRACTOR
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns		, Š.	1. 12 S. A. S.	4	
	and allowances a	_				
	b Less cost of goods sold b		<u> </u>		2 3 1 2	THE COUNTY
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Co	nda -				
i	11a Miscellaneous	, de	1,552.			1,552.
	Le MISCETTUREORS		1,332.			1,352.
	<u></u>					
	d All other revenue					<del></del>
	e Total. Add lines 11a-11d		1,552.		,	1
ĺ	12 Total revenue. See instructions	•	512,649.	0.	0.	-473,872.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). **(B) (D)** Fundraising (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 290,852 290,852 Grants and other assistance to individuals in 12. 2 294,800 294,800 the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 115,993 14,356 53,119 48,518. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in 0 0 section 4958(c)(3)(B) 0. 0. 147,164 67,359 Other salaries and wages. 12,750 67,055. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits. 15,656 6,038 1,027 8,591. 24,587 7,777 10 Payroll taxes 5,926 10,884. 11 Fees for services (non-employees) a Management 1.700 1,700. **b** Legal 24,480 24,480 c Accounting d Lobbying e Prof fundraising svcs. See Part IV, In 17 f Investment management fees g Other 10,314 238 10,076 15,815 15,815. 12 Advertising and promotion 4,289 38,113 12,478 21.346. Office expenses 8,908. 1,631 2,184 14 Information technology 5,093. Royalties Occupancy 33,879 12,123 7,610 14,146. 16 7,071 860 6,178 17 Travel 33. Payments of travel or entertainment expenses for any federal, state, or local public officials 11,734 4,910 3,184 3,640. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 8,188 8,188 23 Insurance Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 40 5% of total expenses shown on line 25 ٠. ز below.) 277 205 a Miscellaneous 1,060 500 560 b Dues, licenses, service fees f All other expenses 1,051,591 712,196 142,502 196,893. 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► X if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational

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campaign and fundraising solicitation

		(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	167,977.	2	380,147
3	Pledges and grants receivable, net	10,586.	3	18,136
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
ļ	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	·
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	6,129.	9	5,643
10a	a Land, buildings, and equipment: cost or other basis. 10a 28,174.			
	Complete Part VI of Schedule D			
t	Less accumulated depreciation. [10b] 28,174.		10c	
11	Investments – publicly-traded securities	1,531,366.	11	1,282,128
12	Investments – other securities. See Part IV, line 11		12	
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets Add lines 1 through 15 (must equal line 34)	1,716,058.	16	1,686,054
17	Accounts payable and accrued expenses	17,514.	17	12,291
18	Grants payable	37,500.	18	10,000
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II	7		
	of Schedule L		22	<u> </u>
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25.	55,014.	26	22,291
	Organizations that follow SFAS 117, check here $\blacktriangleright$ $X$ and complete lines 27 through 29 and lines 33 and 34.		3	
27	Unrestricted net assets	1,660,749.	27	1,663,518
28	Temporarily restricted net assets	295.	28	245
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ▶ and complete	9.	1	
	lines 30 through 34.		, ,,,,	
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, and equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
22	Total net assets or fund balances.	1,661,044.	33	1,663,763
33				

Form 990 (2009) Foundation of the State Bar of CA 94-3	3104546	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
<b>1</b> · Accounting method used to prepare the Form 990: $\square$ Cash $\square$ Accrual $\square$ Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	- 1 - 1 - 1		; 2
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue consolidated basis, separate basis, or both	d on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S Audit Act and OMB Circular A-133?	Single 3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired audit		

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Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

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

Foundation of the State Bar of CA

Open to Public Inspection

Employer identification number

		<u>California Bar</u>							<u> 104546</u>		
Part	I Reason for Pu	blic Charity Statu	s (All organizations	must o	comple	te this	part.	See i	nstructi	ions	
The o	rganization is not a pr	ivate foundation becau	ise it is (For lines 1 thro	ough 11,	check c	nly one	box.)				
1	A church, convent	ion of churches or asso	ociation of churches des	cribed in	section	n 170(b)	(1)(A)(i)	).			
2	A school described	d in <b>section 170(b)(1)(</b>	A)(ii). (Attach Schedule	E.)							
3	A hospital or coop	erative hospital service	e organization described	l ın <b>sect</b> i	on 170(	Ь)(1)(А)(	īii).				
4	A medical researc	h organization operate	d in conjunction with a f	hospital	describe	d in sec	tion 17	0(b)(1)(/	A)(iii). En	nter the hos	pital's
	name, city, and st	ate:									
5	<b>☐</b> 170(b)(1)(A)(iv). (i	Complete Part II.)	of a college or universit					rnmenta	l unit des	scribed in s	ection
6 7	An organization th	at normally receives a	governmental unit descr substantial part of its si					t or fron	n the ger	neral public	described
		IXAXvi). (Complete Pa									
8			170(b)(1)(A)(vi). (Comple								
9	from activities relate	ed to its exempt function	more than 33-1/3 % of its is – subject to certain exc iss taxable income (less omplete Part III.)	eptions.	and (2) r	no more i	than 33-	1/3 % of	its suppo	ort from aros	SS
10	_ ~	ganized and operated	exclusively to test for po	ublic saf	ety. See	section	1 509(a)	(4).			
11	more publicly supp	ported organizations d	exclusively for the bene lescribed in section 509( ation and complete line	(a)(1) or	section	509(a)(2	ctions ( 2). See	of, or ca <b>section</b>	rry out th <b>509(a)(3</b> )	ne purposes ). Check th	s of one or se box that
	a X Type I	<b>b</b> Type II	c 🗌 Type II	II – Fun	ctionally	ıntegra	ted		d 🗌	Type III-	Other
е	X By checking this b than foundation m 509(a)(2).	ox, I certify that the or anagers and other that	ganization is not control n one or more publicly s	lled directions	tly or indicated	directly zations	by one describe	or more ed in se	disquali ction 509	fied person (a)(1) or se	ns other ection
. f		received a written det	ermination from the IRS	that is	a Type I	, Type II	or Typ	e III sup	porting o	organization	١, 📗
g	Since August 17, 2	2006, has the organiza	tion accepted any gift of	or contrib	oution fr	om any	of the f	ollowing	persons	?	
											Yes No
	(i) a person who below, the go	o directly or indirectly overning body of the si	controls, either alone or upported organization?	togethe	with pe	ersons d	escribe	d in (ii) i	and (III)	11 g (i)	х
	(ii) a family men	nber of a person desc	ribed in (i) above?							11 g (ii)	X
	(iii) a 35% contro	olled entity of a person	described in (i) or (ii) a	bove?						11 g (iii)	X
<u>h</u>	Provide the following	ng information about t	he supported organization	ons.							
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in col d in your erning ment?		ization in	organizat	zed in the	(vii) Amount	of Support
				Yes	No	Yes	No	Yes	No		
				+			-110	100			
The	State Bar of (	alifornia							ŀ		
1110	Deace Dar or			1							
		94-6001385	line 6	X						:	86,000.
		31 0001300	11110	1				-		<u></u>	<del>, , , , , , , , , , , , , , , , , , , </del>
				†		-				<del></del>	
				<del>                                     </del>							
									ŀ		
				1	-						
Total								,			36,000.
BAA	For Privacy Act and Paperv	vork Reduction Act Notice,	see the Instructions for Form	n 990 or 99	10-EZ.		S	Schedule	A (Form	1 990 or 99	0-EZ) 2009

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

Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	t1)			
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
	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	1 mg - 1	13 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		The second		- 1 Th	340 1	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			_1	2
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	s a section 50°	1(c)(3) ▶ □
	tion C. Computation of Pul						
	Public support percentage for 20 Public support percentage from 2	•	``	ne 11, column (f)		<u> </u>	4     %       5     %
16 a	<b>33-1/3 support test</b> – <b>2009.</b> If the and <b>stop here.</b> The organization				the line 14 is 33	1/3 % or more	e, check this box
b	<b>33-1/3 support test</b> — <b>2008.</b> If the and <b>stop here.</b> The organization				a, and line 15 is 3	3-1/3% or mor	e, check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	and-circumstance:	s' test, check this	box and stop her	<b>e.</b> Éxplain in F	Part IV how
	10%-facts-and-circumstances te or more, and if the organization rorganization meets the 'facts-and Private foundation. If the organization	meets the 'facts-a I-circumstances'	and-circumstances test. The organiz	s' test, check this zation qualifies as	box and <b>stop her</b> a publicly suppor	<b>e.</b> Explain in F rted organizati	Part IV how the on.
18	Private foundation. If the organiz	audit did flot che	ch a box on line,	13, 100, 100, 178			990 or 990 EZ) 2009

### Schedule A (Form 990 or 990-EZ) 2009 Foundation of the State Bar of CA 94-3104546 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 **(e)** 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year

	c Add lines 7a and 7b						
8	Public support (Subtract line			1,2 ·		and the state of	
	7c from line 6)			***			
Sec	tion B. Total Support						
Cald	endar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
l	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b						
11	Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						-
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		_				
13	Total support. (add Ins 9, 10c, 11, and 12)				,		
14	First five years. If the Form 990 organization, check this box and	is for the organization stop here	ition's first, secon	nd, third, fourth,	or fifth tax year a	s a section 501(c)(	3) ▶ □
Sec	tion C. Computation of Pul	olic Support Po	ercentage				
15	Public support percentage for 20	09 (line 8, column	(f) divided by lin	e 13, column (f))		15	%
16	Public support percentage from 2	2008 Schedule A,	Part III, line 15			16	%
Sec	tion D. Computation of Inv	estment Incom	ne Percentage				
17	Investment income percentage for	or <b>2009</b> (line 10c,	column (f) dıvıder	d by line 13, colu	mn (f))	17	%
18	Investment income percentage fr	om 2008 Schedule	e A, Part III, line	17		18	%
19 <i>a</i>	33-1/3 support tests – 2009. If the o						▶ □

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule /	4 (Form 990 or 990-EZ) 2009	Foundation of	the State	e Bar of C	A 94-3104546	Page 4
Part IV	Supplemental Informat	ion. Complete this	part to prov	ride the expla	A 94-3104546 anations required by Part II ditional information. See ins	, line 10;
•				ing outlot add	and mornation. See his	in actions.
						. <b></b>
						·
			<del></del>			
	·		<b></b>	<del></del>		
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<b>_</b>		<b></b>				

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

**Employer Identification number** 

	undation of the State Bar of C a California Bar Foundation	A		94-3104546
Pai		Advised Funds on Oth	au Cimilau Funda au A	
Pa	Organizations Maintaining Dono the organization answered 'Yes' t	o Form 990, Part IV, lin	e 6.	ccounts Complete If
		(a) Donor advised	funds (b	) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
_	55 0			
5	Did the organization inform all donors and dor funds are the organization's property, subject			Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or do	ing that grant funds may be inor advisor or for any other	Yes No
Pai	til Conservation Easements Comple	ete if the organization ai	nswered 'Yes' to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all t	hat apply).	
	Preservation of land for public use (e g , r	ecreation or pleasure)	Preservation of an histo	rically important land area
	Protection of natural habitat		Preservation of certified	historic structure
	Preservation of open space		<del></del>	
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservati	on contribution in the form	of a conservation easement on the
				Held at the End of the Year
ē	Total number of conservation easements		2a	
	Total acreage restricted by conservation ease		2b	
(	Number of conservation easements on a certification	fied historic structure included		
C	Number of conservation easements included in	n (c) acquired after 8/17/06	2d	
3	Number of conservation easements modified,	transferred, released, extingu	uished, or terminated by the	organization during the tax
	year ►			
4	Number of states where property subject to co	nservation easement is locat	ed •	
5	Does the organization have a written policy re and enforcement of the conservation easemer	nt it holds?	-	violations, Yes No
6	Staff and volunteer hours devoted to monitoring the year •	ng, inspecting, and enforcing	conservation easements	
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing cons	servation easements	
8	Does each conservation easement reported or 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?	line 2(d) above satisfy the re	equirements of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	conservation easements in its of the organization's financial	revenue and expense stateme statements that describes t	ent, and balance sheet, and he organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical vered 'Yes' to Form 990	Treasures, or Other S ), Part IV, line 8.	imilar Assets
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or re	search in furtherance of pub	alance sheet works of art, historical blic service, provide, in Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for publ amounts relating to these items:	SFAS 116, to report in its re ic exhibition, education, or re	venue statement and baland search in furtherance of pub	olic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		►\$ ►\$
	(ii) Assets included in Form 990, Part X			<b>&gt;</b> \$
2	If the organization received or held works of a amounts required to be reported under SFAS	t, historical treasures, or othe 116 relating to these items	er similar assets for financia	l gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1		<b>-</b> \$
b	Assets included in Form 990, Part X			<b>&gt;</b> \$

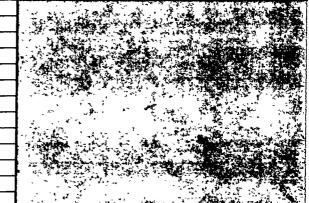
#### Schedule D (Form 990) 2009 Foundation of the State Bar of CA 94-3104546 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued 3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply) а Public exhibition Loan or exchange programs Ь Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? No Yes **b** If 'Yes,' explain the arrangement in Part XIV and complete the following table **Amount** c Beginning balance 1 c 1d d Additions during the year e Distributions during the year 1 e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No b If 'Yes,' explain the arrangement in Part XIV Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1,531,435 2,559,284 1a Beginning of year balance 148,550 b Contributions c Net Investment earnings, gains, -1,042<u>,800</u> 58,470 and losses d Grants or scholarships e Other expenditures for facilities 112,657 52,379 and programs 20,942 f Administrative expenses 1,537,526. g End of year balance 1,531,435 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment 100.00% **b** Permanent endowment c Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes organization by No (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule RSee Part XIV 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds Part VI Investments—Land, Buildings, and Equipment, See Form 990. Part X line 10. Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book Value (investment) basis (other) Depreciation 1 a Land **b** Buildings c Leasehold improvements

**d** Equipment 28,174 28,174 0. e Other Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ). 0.

BAA

Schedule D (Form 990) 2009

Federal Income Taxes



2. FIN 48 Footnote in Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

Schedule D (Form 990) 2009 Foundation of the State Bar of Part XI   Reconciliation of Change in Net Assets from Form 99		04546 Page 4
	70 to Financial Statements	512,649.
1 Total revenue (Form 990, Part VIII,column (A), line 12)		1,051,591.
2 Total expenses (Form 990, Part IX, column (A), line 25).		-538,942.
3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments		541,661.
		341,001.
		<u> </u>
·		
8 Other (Describe in Part XIV) 9 Total advictments (not), Add lines 4 through 8		541,661.
9 Total adjustments (net). Add lines 4 through 8	a lines 3 and 9	2,719.
10 Excess or (deficit) for the year per audited financial statements. Combine Part XII Reconciliation of Revenue per Audited Financial States		
Total revenue, gains, and other support per audited financial statements	1	1,054,310.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1,001,010.
a Net unrealized gains on investments	2a  541,661.	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	541,661.
3 Subtract line 2e from line 1	3	512,649.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		312,013.
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIV)	4b ()	
c Add lines 4a and 4b	40	1
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	· · · · ·	512,649.
Part XIII Reconciliation of Expenses per Audited Financial St		
Total expenses and losses per audited financial statements	1	1,051,591.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	े हेर्	
a Donated services and use of facilities	2a	
<b>b</b> Prior year adjustments	2b	
c Other losses	2c	]
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,051,591.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIV)	4b	
c Add lines 4a and 4b	4c	
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, lii	ne 18.) 5	1,051,591.
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, ar line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines Information  Part V, Line 4 - Intended Uses Of Endowment Fund	nd 9, Part III, lines 1a and 4; Part IV, lines nes 2d and 4b Also complete this part to p	. 1b and 2b; Part V, provide any additional
To support the Foundation's operating and prog	ram expenses.	
<u></u>		
BAA TEEA3304L 02/02/1	10 Sche	dule <b>D</b> (Form 990) 2009

Schedule D (Form 990) 2009 Foundation of the State Bar of	CA 94-3104546	Page 5
Schedule D (Form 990) 2009 Foundation of the State Bar of ( Part XIV   Supplemental Information (continued)		
<b></b>		
	·	
	· <b></b>	<b></b>

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Pattatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

94-3104546

**≗** □

X Yes

Foundation of the State Bar of CA

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Purt | General Information on Grants and Assistance

Name of the organization

See Part IV Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Partif Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed	orm 990) if addi	tional space is	ice is needed				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Asian Law Caucus 55 Columbus Avenue							Civil Rights Outreach
San Francisco, CA 94103	94-2176139 501c3	501c3	15,000.	0.			Project
Constitutional Rights Foundation 601 So. Kingsley Drive							Summer Law
Los Angeles, CA 90005	95-2219680 501c3	501c3	25,000.	0.			Institute
Disability Rights Legal Center -							Legal rep for
Los Angeles, CA 90015	95-2960607 50123	50103	90	Č			disabled comm
Elder Law & Advocacy		624.00	.000,102				TITAMA EMPLIE
te 315							R1-1.1nmla1
San Diego, CA 92123	95-3353924 501c3	501c3	20,000.	0.	-		Initiative
Family Resource Ctr of Truckee_							
P.0. Box 9178							Community Legal
Truckee, CA 96162	59-3842660 501c3	501c3	30,000.	0			Program
Hawkins Ctr of Rubicon Programs							
101 Broadway							Mental Health
Richmond, CA 94804	94-2301550 501c3	501c3	25,000.	0.			Legal Svcs Prod
Housing & Econ. Rights Advocates							Napa Valley
1814 Franklin Street, Suite 1040							Foreclosure
Oakland, CA 94612	20-2573758 501c3	501c3	25,000.	0.			Prevention
Lassen Fmly Svcs Court Appt Adv							Lassen CASA
P.O. Box 701							Cap./Sustain.
Susanville, CA 96130	94-2691072 501c3	501c3	7,500.	0.			Project

2 Enter total number of section 501(c)(3) and government organizations

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 Foundation of the State Bar of CA

Schedule I (Form 990) 2009 Foundation of the States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book. FMV, appraisal, other)	(f) Description of non-cash assistance
Diversity Scholarships	22	128,700.			
Public Interest Scholarships	28	122,040.			
Rosenthal Bar Exam Scholarships	17	34,060.	10,000.	FMV	Bar exam review courses
Part IV Supplemental Information. Complete this part to		provide the information required in Part I, line	ion required in Pai	2, and	any other additional information.
<u>Part I, Line 2 - Grantmaker's Description of How Grants are Used</u>	<u>on of How Grants.</u>	<u>are Used</u>	1	 	
To_receive_its_grant,_a_grantee_must_sign_		<u>a Grant Conditions</u>	<u>ns Form, which outlines</u>	<u>outlines the</u>	
allowable uses of the funds. The form also	The form also.	_sets_forth_reporting_requirements,_by	orting require	<u>ments, by</u>	
which the grantee much submit a written report, typically due a month after the grant	a_written_repo	rt, typically	due a month af	ter_the_grant	
term_has_ended,_documenting_how_the_Foundation_grant_was_used,_the_demographics_of	w_the_Foundati	on grant was u	sed, the demog	raphics of	
those_served,_and_the_impact_of_the_grant_		on the community. A grantee is also	A_grantee_1	s also	
required to provide any documentation reasonably requested by the Foundation,	entation reason	<u>lably requested</u>	<u>by the Founda</u>	t <u>ion,</u>	
including financials, and accommodate reasonable	ommodate reason		site_visits_by_the_Foundation_during	dation_during	
the year in which grant funds are used by		the grantee. Re	Recipients of two-year grants	o-Year grants	
must_submit_a_written_report_documenting_use_of_the_funds_in_compliance_with_the	locumenting use	of the funds	in compliance	with the	
Grant Conditions Form prior to receiving BAA	receiving the	second year	of funding. Fo	Foundation	School of Form 000

Schedule I (Form 990) 2009

2009 .

### **Schedule I, Part IV - Supplemental Information**

Page 3

**Client FSB07** 

Foundation of the State Bar of CA dba California Bar Foundation

94-3104546

5/07/10

09:55AM

### Part I, Line 2 - Grantmaker's Description of How Grants are Used (continued)

program staff ensures compliance with these requirements and reviews all grant reports. On occasion, Foundation staff and/or board members make site visits to a grantee and/or request a grantee to make an in-person presentation to the board.

SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2009

OMB No 1545 0047

Open to Public inspection

Employer identification number Department of the Treasury Internal Revenue Service Name of the organization

Foundation of the State Bar of	c of CA				;	94-3104546	
Parties Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I	d Other Assistand	e to Governments	and Organization	s in the United Stat	es (Schedule I	(Form 990), Part II.)	<del>(</del>    .)
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
Legal Services of Northern CA 1370 West Street							Legal Info. & Assist.
State Bar of California	C310C 6C040C1_44	20103	24,163.				Program
San Francisco, CA 94105	94-6001385 State	State gov't unit	86,000.				Various Programs
1							

Schedule I-1 (Form 990) 2009

# SCHEDULE L (Form 990 or 990-EZ)

### **Transactions with Interested Persons**

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

or 990-EZ.

Complete if the organization answered

'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

Open to Public Inspection

Name of the organization Foundation of t				1				dentific		ımber		
dba California  Part I Excess Benefit Transacti Complete if the organization ans				and section	501(c)			0454 s onl				
Complete if the organization ans	wered 'Yes	' on Forr	n 990, Pa	rt IV, line 25a	or 25b, or	Form 990-EZ,	Part '	V, line	40b.			
1 (a) Name of disqualified person	п	1			(b) Descripti	on of transaction					(c) Cor	rected?
			·-						•			
		}										
						<del></del>						
<del></del>												L
2 Enter the amount of tax imposed on the section 4958	ne organiza	tion mai	nagers or	disqualified p	ersons du	iring the year	under	<b>▶</b> \$				
3 Enter the amount of tax, if any, on line				e organization	1			<b>►</b> \$				
Part II Loans to and/or From Into				rt IV lung 26 o	r Form 90	N.E7 Dart V. I	ına 20	^				
		011 1 011	ii 330, i ai	IIIIC 20 UI	1 1 01111 33	U·CZ, rait ¥, i	1116 30	a.				
(a) Name of interested person and purpose	(b) Loan the orga	to or from		) Original ipal amount	(d) E	Balance due	(e) In	default?	by bo	proved ard or		/ritten ment?
	То	From	]				Yes	No	Yes	nittee?	Yes	No
											.03	
							<u> </u>	-				
	_		-	···			<del> </del>	<del> </del>		-	_	
Tabal		<u> </u>	<u> </u>			<del></del>	<u> </u>	L				
Total Part III Grants or Assistance Ber	efitting l	nteres	ted Per	► \$		<del></del>	<u> </u>					
Complete if the organizati	on answe	ered 'Y	es' on F	orm 990, P	art IV, I	ine 27.						
(a) Name of interested person	(	<b>b)</b> Relation	ship betweer the orga	n interested person nization	and	(c	) Amour	it and ty	pe of as	sistance	•	
	<del>-  </del>					<del>                                     </del>						
		·			<del></del>	<u> </u>						
				- <del>-</del>		<u>-</u>				-		
				-								
Part IV Business Transactions In Complete if the organization	voiving i on answe	nteres red'Ye	tea Pers	s <b>ons.</b> orm 990, Pa	art IV, III	ne 28a, 28l	o, or	28c.				
(a) Name of interested person	(b) Re	elationship	between	(c) Amou	nt of	<del>                                     </del>		of transa	iction		(e) Sha	ring of
	intere	sted persor organization		transactio	on ֆ						organiz reven	ues?
State Bar of California	share	direct	or		33,879.	Rent payme	nts				Yes	No X
												<u></u>
					-							
											-	
<b>BAA For Privacy Act and Paperwork Reduc</b>	tion Act No	otice, se	e the Inst	ructions for F	orm 990	Sche	edule I	L (For	n 990	or 99	0-EZ)	2009

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

(F)
Direct controlling
entity (F)
Direct controlling entity Open to Public Inspection Parest Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A **Employer identification number** 94-3104546 (F)
Public charity status
(if section 501(c)(3)) **(E)** End-of-year assets N/A | | Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (C) (D)
Legal domicile (state or foreign country) Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. Gov Agency (D) Total income (C)
Legal domicile (state or foreign country) S Foundation of the State Bar of CA dba California Bar Foundation legal profession Regulation of BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity (B) Primary activity (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity The State Bar of California San Francisco, CA 94105 180 Howard Street Name of the organization 94-6001385

Schedule R (Form 990) (2009)

TEEA5001L 02/05/10

Schedule R (Form 990) 2009 Foundation of the State Bar of CA dba California Bar Foundation

Page 2 | Parestyle | Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 94-3104546

€	(B)	9	e	(E)	(B) (C) (D) (E) (F) (F)	9	€	(	15	
Name, address, and EIN of   Primary Activity		Legal	Direct	Predominant	Share of total income	Share of total income   Share of end-of-year	Dispropor-	Code V-UBI	Genera	al or
		(state or	(state or	unrelated, excluded		assets	tionate allocations?	amount in box 20 of Schedule	managing partner?	ging er 2
		foreign		from tax under				<del>У</del>		
		country)		sections 512-514)			Yes No	(Form 1065)	Yes	<u>گ</u>
							-		-	
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Partition of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	faxable as a Cor	poration or Trust (( treated as a corpor	Complete if t	t during the	ation answered 'Ye	ss' to Form 990, Pa	rt IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) (D) (E) (F) (F) (F) (G) (G) (G) (State or foreign controlling entity (C corp, S corp, country) (C trust)	(D)  Nrect Iling entity (C c	(E) pe of entity corp, S corp, or trust)	Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
			. <u> </u>				
ВАА		TEEA5002L 02/05/10	,			Schedule <b>R</b> (Form 990) (2009)	990) (2009)

Schedule R (Form 990) (2009)

94-3104546

France I ransactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34,	le 34, 35, or 36.)				
Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	S N	
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV				1	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		19		×	
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 6	×		
c Gift, grant, or capital contribution from other organization(s)		10	X		
d Loans or loan guarantees to or for other organization(s)		10		×	
e Loans or loan guarantees by other organization(s)		1e		×	
f Sale of assets to other organization(s)		16		×	
g Purchase of assets from other organization(s)		19		×	
		두		×	
i Lease of facilities, equipment, or other assets to other organization(s)		1.		×	
j Lease of facilities, equipment, or other assets from other organization(s)		=	×		
k Performance of services or membership or fundraising solicitations for other organization(s)		<b>*</b>		×	
I Performance of services or membership or fundraising solicitations by other organization(s)		=	×		
m Sharing of facilities, equipment, mailing lists, or other assets		=		×	
n Sharing of paid employees		-		×	_
o Reimbursement paid to other organization for expenses		19	×		
p Reimbursement paid by other organization for expenses		1		×	_
				}	
<b>q</b> Other transfer of cash or property to other organization(s)		19		×	
		1.		×	
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	and transaction thresl	holds.			
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	S Invoj	ved	
(D)					
(3)					
(3)					
	<u></u>				
(5)			İ		
(9)					
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94-3104546

Parime Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

Yes No Form (1065)	(B) (C) (C) (D)  Name, address, and EIN of entity (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3)	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?	t or "
TECHOOR DATE:				Yes No		<u> </u>	rorm (105)	Yes	ş
TELESCOR LOSSON						↓		↓	
TECHOOK (2005)10									
TELEGOORI GOOSTIO									
TESASONL 200510									
TEEASONL 0205010							_		
TEENSONAL 0205004						_			
TEEASONAL 2005110									
TEEASCOAL 020/S/10									
TEEASOOL 020S/10						-			
TECHSOOML 0205/10									
TECASON4, 0205/10									
TEEA5004L 02105/10									
TEEASONL 02/05/10									
TEEASOOAL 02/05/10									
TEEASOOAL 02/05/10								•	
TEEA5004L 02/05/10									
TEEA5004L 02/05/10									
TEEASOOAL 02/05/10									
TEEASGOAL 02/05/10						<u>-</u>			
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# SCHEDULE O (Form 990).

### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization Foundation of the State Bar of CA dba California Bar Foundation	Employer identification number 94-3104546
Form 990, Part III, Line 1 - Organization Mission	
The California Bar Foundation's mission is to build	a better justice system for all
Californians. We champion full and equal access to	the justice system, invest in
the next generation of California's lawyers, educate	e Californians about their rights
and_responsibilities_under_the_law,_and_promote_phi	lanthropy throughout the legal
community	·
Form 990, Part VI, Line 11 - Form 990 Review Process	
The Executive Director and accounting consultant pro	ovide all requested information
to the certified public accounting firm retained to	conduct the Foundation's annual
audit and prepare its tax forms. After the CPAs pro	epare a first draft of the Form
990, the Executive Director and accounting consultar	nt carefully review the completed
Form 990 and provide the CPAs with any corrections,	edits, or changes. Once the
Executive Director and accounting consultant sign of	ff on the Form 990, the draft is
circulated to the entire Board of Directors. The Pr	resident and Audit Committee
Chair are asked to carefully review the Form 990 and	l provide any feedback. Once a
final draft is finalized, on behalf of the Board the	President or Audit Committee
Chair signs the confirmation form that is sent to the	ne CPAs.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enfor	cement of Conflicts
The Foundation's Conflict of Interest Policy applies	to "interested persons,"
defined_as_any_director, principal_officer, member_o	of a committee with governing
board delegated powers, or key employee as defined b	y the IRS, who has a direct or
indirect financial interest, as defined in the Police	y. All new members of the Board
of Directors are presented with a copy of the Confli	ct of Interest Policy when their
first Board terms begin. Board members are required	to sign the Conflict of
Interest Policy Acknowledgment upon joining the Boar	d and every year thereafter that
they remain on the Board. The Executive Director ke	eps a record of the signed

Name of the organization Foundation of the State Bar of CA dba California Bar Foundation	Employer identification number 94-3104546	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Confli		
Acknowledgments and any disclosures by interested persons. The	ne Policy sets forth	
the process for handling any potential conflicts as well as vi	olations of the	
Policy.		
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO,	Exec. Dir., or Top Mgtment	
Early each year, the Personnel Committee, which is made up exc	clusively of Board	
members, conducts a performance evaluation of the Executive Di	rector and makes a	
recommendation regarding her compensation package. The Committee solicits input		
regarding the Executive Director's performance from Board Members and others outside		
of the Board. The Committee reviews comparability data regarding executive director		
salaries from a number of sources, including the Public Intere	est Clearinghouse, the	
Center for Non-Profit Management, and other national surveys.	In its deliberations,	
the Committee also weighs the desire to reward excellence, end	ourage retention, and	
avoid replacement costs. The Committee presents its evaluation	on and salary	
recommendation to the full Board of Directors, which approves	the Executive	
Director's compensation package for the year.		
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Office	rs & Key Employees	
The organization does not currently have any compensated offic	ers, directors, or key	
employees other than the Executive Director. A similar compen	sation review and	
approval process would be followed, however, if this were to c	hange.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available		
We will provide these items upon request.		

Schedule <b>0</b> (Form 990) 2009	Page 2
Name of the organization Foundation of the State Bar of CA	Employer identification number
Name of the organization Foundation of the State Bar of CA dba California Bar Foundation	94-3104546
	<b></b>

Schedule O (Form 990) 2009