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CHANGE OF ACCOUNTING PERIOD

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

Open to Public Inspection

Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2009 calendar year, or tax year beginning ATIC 1 2009 and ending DEC 31

<u> </u>	'OI LIII	e 2009 Calendar year, or tax year beginning AOG 1, 2005 and ending	DEC 31, 2003							
В	heck if	A 1 10030	D Employer identification number							
<u></u>	Addre	use HS label or CAN DIEGO COINTEN DAD HOUNDAMION								
<u> </u>	_]chang ∏Name	tupo	95-3366651							
<u> </u> =	_chang	Doing Business As	——————————————————————————————————————							
누	return Term	n- Specific 1 2 2 2 CENTENTIFU 1 0 1	(619) 231-7015							
7	⊒ated]Amen _return	ded tions	G Gross receipts \$ 187,376.							
7	Application		H(a) Is this a group return							
	pendi		for affiliates? Yes X No							
		1333 SEVENTH AVENUE, SUITE 101, SAN DIEGO,								
1 7	ax-ex	empt status: X 501(c) (3	If "No," attach a list. (see instructions)							
		te: WWW.SDCBF.ORG	H(c) Group exemption number ▶							
			r of formation: 1979 M State of legal domicile: CA							
	rt I	Summary								
	1	Briefly describe the organization's mission or most significant activities: GRANTS TO	NON-PROFITS THAT							
Activities & Governance		PROVIDE ACCESS TO JUSTICE TO UNDERSERVED IN S	AN DIEGO COUNTY.							
r.	2	Check this box If the organization discontinued its operations or disposed of mo	re than 25% of its net assets.							
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3 21							
ا <u>ن</u> م	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 0							
es (5	Total number of employees (Part V, line 2a)	5 0							
Viti	6	Total number of volunteers (estimate if necessary)	6 0							
Ç	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.							
	b	Net unrelated business taxable income from Form 990 T, line 34	7ь 0.							
@		RECEIVED L	Prior Year Current Year							
0 8 2010 Revenue	8	Contributions and grants (Part VIII, line 1h)	194,524. 158,953.							
@ 5	9	Program service revenue (Part VIII, line 2g)								
<u>\$</u>	10	Investment income (Part VIII, column (A), lines 30, and 70)	41,486. 19,008.							
_ II.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	117,919. <33,124.							
1	12	Total revenue - add lines 8 through 11 (must equal Part V(I), column (A) line 12)	353,929. 144,837.							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	68,050.							
SCANNED Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)								
图	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	51,291.							
Sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)								
S &	b	Total fundraising expenses (Part IX, column (D), line 25) 28,844.								
ത്ര പ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	22,013.							
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	141,354.							
		Revenue less expenses. Subtract line 18 from line 12	353,929. 3,483.							
s or J		<u> [</u>	eginning of Current Year End of Year							
Net Assets c Fund Balance	20	Total assets (Part X, line 16)	1,323,218. 1,429,644.							
et A	21	Total liabilities (Part X, line 26)	1 202 210 1 420 644							
		Net assets or fund balances. Subtract line 21 from line 20	1,323,218. 1,429,644.							
Pa	ırt II	Signature Block	and to the host of my knowledge and helpf it in true correct							
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	e							
		1. M) A6/h	MIZIN							
Sig		Stignatura of Officer	Date							
Her	е	· · ·	T /							
		ADAM RATNER, CHIEF FINANCIAL OFFICER Type or print name and title								
		L Date C	heck if Preparer's identifying number							
Paid	j	Preparer's	elf- mployed (see instructions)							
Prep	oarer's	signature U5/11/10 e	EIN >							
Use	Only	yours if self-employed), 3971 GOLDFINCH STREET	LIIV F							
		address, and Carl DTDCO CA 02102 2045	Phone no. ► (619) 297-4700							
	. Ale - "		X Yes No							
		RS discuss this return with the preparer shown above? (see instructions)	- 000							

	990 (2009)		UNTY BAR FOUNDATION	95-336	6651 Page 2
Pa	rt III Statement o	of Program Service Ac	complishments	···	<u>.</u>
1	Briefly describe the or	ganization's mission SE	E SCHEDULE O		
2	Did the organization u	ndertake any significant pro	gram services during the year which wer	re not listed on	
	the prior Form 990 or	990-EZ? se new services on Schedule	0		Yes X No
3	Did the organization of	ease conducting, or make si	gnificant changes in how it conducts, ar	ny program services?	Yes X No
4		se changes on Schedule O. ourpose achievements for ea	ch of the organization's three largest pr	ogram services by expenses	
-	Section 501(c)(3) and	501(c)(4) organizations and s	section 4947(a)(1) trusts are required to	report the amount of grants and	
	allocations to others, t	the total expenses, and rever	nue, if any, for each program service rep	oorted	
4a	(Code:) (Expenses \$ 8	2,386. including grants of \$ ORGANIZATIONS THAT	68,050.)(Revenue \$)
	TO THE UNDE	RSERVED IN SAN	DIEGO COUNTY INCLUD	ING THE DELIVERY	
		MPROVING THE A	DMINISTRATION OF JUS	TICE AND PROMOTIN	G PUBLIC
	UNDERSTANDI	NG OF THE DAW.			
41.	10) (D	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
				· · · · · · · · · · · · · · · · · · ·	
4c	(Code.) (Expenses \$	including grants of \$) (Revenue \$)
4d		es. (Describe in Schedule O.)	ata of ¢	¢	
4e	(Expenses \$ Total program service	including grade expenses ►\$	nts of \$ (Revenue 82,386.	.ε.φ <u>)</u>	
					E 990 (0000)

Form 990 (2009) Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes." complete Schedule A X 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X If "Yes." complete Schedule D. Part V 10 is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X X as applicable 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, • 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 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 169 If "Yes," complete Schedule D, Part VIII • 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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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. 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 Schedule D, Parts XI, XII, and XIII. Yes No 12A Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X 15 or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 X 16 located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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X

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complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form	990 (2009) SAN DIEGO COUNTY BAR FOUNDATION 95-336	<u>6651</u>	P	age 4
Pa	rt 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	- [ĺ	İ
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ı	İ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1	ł	
	Schedule J	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ	ĺ	
	Schedule K If "No", go to line 25	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	-	1	
	any tax-exempt bonds?	24c	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	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	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1	}	
	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	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1	}	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		ł	ł
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		1	٠
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			1
	instructions for applicable filing thresholds, conditions, and exceptions):		1	١,,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	├	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	1]	٠,,
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	├─	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	
	contributions? If "Yes," complete Schedule M	30	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	v
	If "Yes," complete Schedule N, Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
	Schedule N, Part II	32	├	┝┷
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00	1	Х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	├	- <u>^</u>
34	Was the organization related to any tax-exempt or taxable entity?	- 1	1	ı

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X

X

X

X

If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

Note. All Form 990 filers are required to complete Schedule O.

If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

		1 1		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of							
	U.S. Information Returns. Enter -0- if not applicable	1a 0						
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	16 0	[]		1			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming	ا . ا	X				
_	(gambling) winnings to prize winners?	l I	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	20 0			1			
	filed for the calendar year ending with or within the year covered by this return		1		İ			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		<u> </u>			
ο-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	•			х			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered to \$1,000 or m	ed by this return?	3a_	_				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		 -			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	=	4a		х			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
D	If "Yes," enter the name of the foreign country:	Pouls and						
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and							
E 0	Financial Accounts.							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ection?	5a 5b		X			
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?							
C	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?							
62	ia Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
Va	any contributions that were not tax deductible?	re organization solicit	6a		х			
h	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts	- Oa		 -			
Ü	were not tax deductible?	ions or gins	6b					
7	Organizations that may receive deductible contributions under section 170(c).		- 		_			
	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?	90000 4110 00111000	7a	х	1			
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7b_					
	to file Form 8282?		7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal	1					
	benefit contract?		7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g					
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or							
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc		.		1			
	at any time during the year?		8		X			
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?		9a_		X			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		Х			
10	Section 501(c)(7) organizations. Enter:		i i		ĺ			
а	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:	1 1			1			
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against		}		1			
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		 -			
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Ļ	000				
			Form	990 ((2009)			

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

<u>Sec</u>	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	1a	<u> </u>	21			1
ь	Enter the number of voting members that are independent	<u>1b</u>	J	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp wit	n any other				
	officer, director, trustee, or key employee?				2		<u> X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ect supervision	·]			
	of officers, directors or trustees, or key employees to a management company or other person?				3		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 9	90 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?			5		X
6	Does the organization have members or stockholders?			-	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embe	rs of the	i			
	governing body?		_	ı	7a_		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			1	7b_		
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durir	g the year	ļ			
_	by the following.			1		Х	
	The governing body?				8a	X	
	Each committee with authority to act on behalf of the governing body?	•			8b_		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reasonable markets and discount of the ground the general and addresses in Schodulo O.	acnec	at the		9		х
202	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal R	Payon	ua Codo)		9_		
<u> </u>	tion D. 1 Onotes (This Section D requests information about policies not required by the internal N	ic verri	de Code.j			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			ľ	10a	163	X
	If "Yes," does the organization have written policies and procedures governing the activities of such	char	ters, affiliates.		.00		
_	and branches to ensure their operations are consistent with those of the organization?		,,		10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling t	he form?	ı	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ū		1			
	Does the organization have a written conflict of interest policy? If "No," go to line 13			1	12a	X	,
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld gi	ve rise				
	to conflicts?				12b	X	L
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	" describe				
	ın Schedule O how this is done				12c	X	
13	Does the organization have a written whistleblower policy?				13		X
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 approv		ındependent	l			ŀ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				37	
а	The organization's CEO, Executive Director, or top management official			ſ	15a	X	
b	Other officers or key employees of the organization				15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment	with a	1	40-		x
	taxable entity during the year?				16a	-	<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva			M1			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	jailiza	uon s		16b		}
Sac	exempt status with respect to such arrangements? tion C. Disclosure				100		Ь——
17	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 (50	(c)(3)s only) av	/ailable	for		
	public inspection, indicate how you make these available. Check all that apply.	,	1 14:1= =: m)1 m				
	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, or	confli	ct of interest po	olicy, ar	nd fina	ncial	
	statements available to the public.		•				
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the o	rganızaf	tion: 🕨	·	
	BRIANA WAGNER - (619) 231-7015						
	1333 SEVENTH AVENUE, SUITE 101, SAN DIEGO, CA 921	L01	-4309				
					Form	990 ((2009)

932006 02-04-10 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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 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.

Check this box if the organization did not c	(B)			(C)			,,,,,	(D)	(E)	(F)		
Name and Title	Average hours	/^!		Pos		app	LΛ	Reportable compensation	Reportable	Estimated amount of		
!	nours per week	Individual trustee or director	institutional trustee	Officer		Highest compensated employee		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		
BRIANA WAGNER		드	<u>e</u>	8	×	Ξā	a.					
EXECUTIVE DIRECTOR	40.00	x						0.	40,951.	7,351.		
JAMES SANDLER												
PRESIDENT JOHN BUCHER	2.00	_			_	_		0.	0.	0.		
VICE PRESIDENT	2.00							0.	0.	0.		
ADAM RATNER												
CHIEF FINANCIAL OFFICER ETHAN BOYER	1.00	-		\vdash	<u> </u>	-	-	0.	0.	0.		
SECRETARY	0.50					ļ		0.	0.	0.		
		-	-	-	\vdash	\vdash	-					
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			-									
		-	<u> </u>	_	\vdash							

Form 990 (2009)

Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)	(C)					(D)	(E)		(F)		
	Name and title	Average			Pos	itior	1		Reportable	Reportable		Estimat	ted
		hours	(cl	heck	all	that	app	ly)	compensation	compensation	1 :	amount	
		per	휺]	•)]	from	from related		othe	
		week	Individual trustee or director				Eq.		the organization	organizations (W-2/1099-MISC)		mpens from th	
			ste	Institutional trustee]		Highest compensated employee		(W-2/1099-MISC)	(44-27 1033-141100)		rganıza	
			al tru	onalt		Key employee	E CO				1	ind rela	
		1	divid	affet	Officer	y em	plest	Former		4	or	ganızat	tions
			트	Ë	5	٣	포등	윤					
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		j	ļ		j						1		
1b	Total	·	 -				▶		0.	40,951	•	7,3	351.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) wł	no r	eceived more than \$100				
	compensation from the organization						•			,			0
												Yes	No
3	Did the organization list any former officer,	director or tru	stee	, ke	y en	nplo	yee,	or t	nighest compensated er	nployee on	Γ.		
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4	For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	to t	her compensation from	the organization			
	and related organizations greater than \$156	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sch	edule	9 <i>J</i> 1	for such individual		4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	y unr	elat	ed organization for serv	ices rendered to	j	1	
	the organization? If "Yes," complete Sched	ule J for such	oers	on							5	<u> </u>	_X
Sec	tion B. Independent Contractors					_					_		
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compe	nsatio	n from	
	the organization. NONE					_							
	(A) Name and business	addraga						ı	(B) Description of s	envices		(C) ensati	0 0
	Name and business	address							Description of s		COM	CHSall	
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								-					
2	Total number of independent contractors (i	including but n	ot li	mite	d to	tho	se la	stec	d above) who received n	nore than			
_	\$100,000 in compensation from the organic						0_						
											Forr	n 990	(2009)

932009 02-04-10

Part IX Statement of Functional Expenses

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

1			expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	68,050.	68,050.	_	
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	40,951.	10,238.	10,238.	20,475
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				<u> </u>
8	Pension plan contributions (include section 401(k)		4 004	4 004	
	and section 403(b) employer contributions)	4,096.	1,024.	1,024.	2,048
9	Other employee benefits	3,255.	814.	814.	1,627
10	Payroll taxes	2,989.	747.	747.	1,495
11	Fees for services (non-employees):				
а	Management	1,248.		1,248.	
b	Legal	1,460.		1,460.	
С	Accounting	1,201.		1,201.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				0.60
13	Office expenses	504.		242.	262
14	Information technology				
15	Royalties				
16	Occupancy		400	1 270	
17	Travel	1,701.	422.	1,279.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		100	CEO.	100
19	Conferences, conventions, and meetings	908.	125.	658.	125
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	RENT	4,631.		4,631.	
b	ADMINISTRATION FEES	3,443.		3,443.	
c	DLM EXPENSES	1,142.			1,142
d	PARKING	1,020.		1,020.	
e	PUBLIC RELATIONS/EVENTS	982.		151.	831
f	All other expenses	3,773.	966.	1,968.	839
25	Total functional expenses. Add lines 1 through 24f	141,354.	82,386.	30,124.	28,844
<u>25 </u>	Joint costs. Check here J if following				
	SOP 98-2. Complete this line only if the organization	Í			
	22. 22 2. complete and mic only it the organization				
	reported in column (B) joint costs from a combined	· · · · · · · · · · · · · · · · · · ·	i	1	

932010 02-04-10

Form **990** (2009)

			(A) Beginning of year		(B) End of year		
1	Cash - non-interest-bearing		56,333.	1	43,522.		
2	Savings and temporary cash investments			2			
3	Pledges and grants receivable, net			3			
4	Accounts receivable, net		4				
5	Receivables from current and former officers, dir	ectors trustees kev					
	employees, and highest compensated employees	· · · · · ·					
	of Schedule L		5	-			
6	Receivables from other disqualified persons (as						
	4958(f)(1)) and persons described in section 495						
	Part II of Schedule L	Part II of Schedule L					
2 7	Notes and loans receivable, net		7				
7 8 8	Inventories for sale or use		8				
e 3	Prepaid expenses and deferred charges		9				
l l	a Land, buildings, and equipment: cost or other	1			· · · · · · · · · · · · · · · · · · ·		
l.	basis. Complete Part VI of Schedule D	10a	}				
- 1 - 1	b Less: accumulated depreciation	10b		10c			
11	Investments - publicly traded securities		11				
12	investments other securities. See Part IV, line 1	1,216,885.	12	1,336,122			
13	Investments - program-related See Part IV, line 1			13			
14	Intangible assets		14				
15	Other assets. See Part IV, line 11		50,000.	15	50,000		
16	Total assets. Add lines 1 through 15 (must equa	ıl line 34)	1,323,218.	16	1,429,644		
17	Accounts payable and accrued expenses		17				
18	Grants payable			18			
19	Deferred revenue			19			
20	Tax-exempt bond liabilities			20			
21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21			
22	Payables to current and former officers, directors	s, trustees, key employees,					
21 22	highest compensated employees, and disqualifie	ed persons. Complete Part II					
i	of Schedule L			22			
23	Secured mortgages and notes payable to unrela	ted third parties		23			
24	Unsecured notes and loans payable to unrelated	i third parties		24			
25	Other liabilities. Complete Part X of Schedule D			25			
26	Total liabilities. Add lines 17 through 25		0.	26	0		
	Organizations that follow SFAS 117, check he	re X and complete					
g l	lines 27 through 29, and lines 33 and 34.		no				
27 28 29 30 31 32 30 31 30 30 31 30 30 30 30 30 30 30 30 30 30 30 30 30	Unrestricted net assets		<77,963.		20,000		
ž 28	Temporarily restricted net assets		1,207,620.	28	1,184,205		
29	Permanently restricted net assets		193,561.	29	225,439		
5	Organizations that do not follow SFAS 117, ch	neck here 🕨 📖 and	ļ				
5	complete lines 30 through 34.						
g 30	Capital stock or trust principal, or current funds			30			
2 31	Paid-in or capital surplus, or land, building, or eq			31			
32	Retained earnings, endowment, accumulated in	come, or other funds		32	400 611		
2 33	Total net assets or fund balances		1,323,218.	33	1,429,644		
34	Total liabilities and net assets/fund balances		1,323,218.	34	1,429,644		

Form **990** (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

SAN DIEGO COUNTY BAR FOUNDATION

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

95-3366651 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c ____ Type III - Functionally integrated **b** ☐ Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (ii) EIN (vii) Amount of (i) Name of supported organization organization in col. in col. (i) listed in your (i) organized in the support organization (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes No Yes No

932021 02-08-10

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

0 - 1							
Pa	edule A (Form 990 or 990-EZ) 2009 art II Support Schedule for (Organization:	s Described in	Sections 170	(b)(1)(A)(iv) ar	id 170/b)(1)(A)(v	Page 2
	(Complete only if you checked	_			(-)(-)(-)(-)		•••
Se	ction A. Public Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	10/200	(0) 2000	10/200	14,200	(6) 2000	(1) 10.01
	membership fees received (Do not include any "unusual grants.")			}			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities				1		
	furnished by a governmental unit to the organization without charge				}	,	
4	Total. Add lines 1 through 3		<u> </u>				
5	The portion of total contributions						
	by each person (other than a				1		
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,			1	l	}	
	column (f)						
6	Public support. Subtract line 5 from line 4					 	
	ction B. Total Support	·	<u> </u>	<u> </u>	<u> </u>	- 	
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,			Ì	ľ		
	dividends, payments received on						
	securities loans, rents, royalties		İ	Ì	ť	i i	
	and income from similar sources					 	
9	Net income from unrelated business		1	İ	ľ	1	
	activities, whether or not the					1 1	
	business is regularly carried on			 	 	<u> </u>	
10	Other income. Do not include gain						
	or loss from the sale of capital		1	ľ	l	1 1	
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10	oto /ooo instruct	<u> </u>	<u> </u>		12	
	Gross receipts from related activities, First five years. If the Form 990 is for	•	·	rd fourth or fifth t	av 1/0ar og a goett		
13	•	-	s iirst, second, uii	ra, iourai, or mai t	ax year as a secu	on 501(c)(5)	ightharpoonup
Se	organization, check this box and stop ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2009 (li			column (f))		14	%
	Public support percentage from 2008					15	%
16a	33 1/3% support test - 2009.If the or				14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies a					_	
b	33 1/3% support test - 2008.If the or	ganızatıon dıd no	it check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	6 or more, check the	s box

and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

	ction A. Public Support	rganizations	Described in	occuon oos(a)	(Complete only	if you checked the bo	ox on line 9 of Part I.)	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
	Gifts, grants, contributions, and	(a) 2000	(6) 2000	(0) 2001	(4) 2000	(e) 2003	(i) Total	
•	membership fees received. (Do not							
	include any "unusual grants.")	352,537.	373,865.	246,114.	194,524.	72,637.	1239677.	
2	Gross receipts from admissions,		0.07000			12,00,0		
-	merchandise sold or services per-					,		
	formed, or facilities furnished in							
	any activity that is related to the			94,073.	117,919.	94,213.	306,205.	
2	organization's tax-exempt purpose Gross receipts from activities that			3270700	±±1,5±50	J = , Z = J ·	300,203.	
3	are not an unrelated trade or bus-							
	iness under section 513							
								
4	Tax revenues levied for the organ-							
	ization'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			340 405		1.66	4 = 1 = 4 = -	
6	Total. Add lines 1 through 5	352,537.	373,865.	340,187.	312,443.	166,850.	1545882.	
7a	Amounts included on lines 1, 2, and						_	
	3 received from disqualified persons					<u> </u>	0.	
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year						0.	
c	: Add lines 7a and 7b		· · · · · · · · · · · · · · · · ·				0.	
8	Public support (Subtract line 7c from line 6.)						1545882.	
Sec	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total 1545882.	
9	Amounts from line 6	352,537.	(b) 2006 373, 865.	(c) 2007 340, 187.	(d) 2008 312, 443.	(e) 2009 166,850.	1545882.	
10a	Gross income from interest,							
	dividends, payments received on		:					
	securities loans, rents, royalties and income from similar sources	85,474.	168,128.	67,642.	41,486.	19,008.	381,738.	
ь	Unrelated business taxable income							
	(less section 511 taxes) from businesses						į.	
	acquired after June 30, 1975							
,	Add lines 10a and 10b	85,474.	168,128.	67,642.	41,486.	19,008.	381,738.	
	Net income from unrelated business					, , , , , , , , , , , , , , , , , , , ,		
	activities not included in line 10b,							
	whether or not the business is							
12	regularly carried on Other income. Do not include gain	 						
	or loss from the sale of capital							
40	assets (Explain in Part IV)	438,011.	541,993.	107 829	353,929.	185,858.	1927620.	
	Total support (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	a, tourth, or tirth to	ax year as a sectio	n 501(c)(3) organiz	zation,	
500	check this box and stop here ction C. Computation of Publ	ic Support Po	rcontago					
_				-1 (5)		46	80.20 %	
	Public support percentage for 2009 (I			olumn (1))		16	79.95 %	
	Public support percentage from 2008					16	13.33 %	
	Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f) 17 19.80 %							
17	·	•		ie 13, column (t))		17		
18	Investment income percentage non-zood concadio A, Fait III, into 17							
19a	9a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not							
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
t							and	
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	ns box and see ins	structions		
					Sch	edule A (Form 99	0 or 990-EZ) 2009	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

SAN DIEGO COUNTY BAR FOUNDATION

Employer identification number 95-3366651

Pa	rt I Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		of the control complete if the
	erganization anovoice in our confirmation, i artifum	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)	0.	
3	Aggregate grants from (during year)	0.	
4	Aggregate value at end of year	60,019.	
5	Did the organization inform all donors and donor advisors in		sed funds
-	are the organization's property, subject to the organization's		Yes X No
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		_
	impermissible private benefit?		Yes X No
Pai		ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organizati		· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		afied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
	year ▶	•	-
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	·	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to	•	
	or other similar assets held for public exhibition, education, o	or research in furtherance of public service	e, provide the following amounts relating to
	these items		. .
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
-	(ii) Assets included in Form 990, Part X	Alliana a di sa di di	
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	to relating to these items:	> 0
a	Revenues included in Form 990, Part VIII, line 1		> \$ > \$
b	Assets included in Form 990, Part X		> 3

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		GO COUNTY						Page 2
Pai	Till Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or Oth	er Simil	ar Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	items
	(check all that apply)							
а	Public exhibition	d	I Loan or excl	hange programs				
b	Scholarly research	е	Other					
¢	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further ti	he organization's ex	empt purp	ose in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be ma						Yes	<u> No</u>
Pai	t IV Escrow and Custodial Arran		ete if organization ar	nswered "Yes" to Fo	rm 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Par	rt X, line 21.						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	is or other assets no	t included		_	
	on Form 990, Part X?						」Yes	L No
Ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:					
							Amount	
С	Beginning balance				1c			
ď	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			, ,
2a	Did the organization include an amount on Fe	orm 990, Part X, Ime	21?				Yes	L No
	If "Yes," explain the arrangement in Part XIV.							
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo		T			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	91,500.	2,000.			· · · · · · · · · · · · · · · · ·		
b	Contributions	22,500.	89,500.		<u> </u>			
С	Net investment earnings, gains, and losses				ļ			
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs				ļ		***	
f	Administrative expenses	444 000	04 500					
g	End of year balance	114,000.	91,500.		<u> </u>			
2	Provide the estimated percentage of the year	r end balance held a	ıs:					
а	Board designated or quasi-endowment		_%					
b	Permanent endowment >	%						
C		%						
3а	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	nd administered for	the organi	zation	_	
	by:							res No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations		_				3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	•					_3b	
4	Describe in Part XIV the intended uses of the			D . W				
Pai	t VI Investments - Land, Building							
	Description of investment	(a) Cost or o			Accumulate		(d) Book	value
		basis (investr	nent) Dasis	(other) de	preciation			
	Land					-+		
b	Buildings							
С	Leasehold improvements							
d	Equipment							
	Other		V t (5) t 1	10(41)		_		0.
Total	Add lines 1a through 1e (Column (d) must e	qual Form 990. Part	x column (B), line 1	U(CL)		■		U •

Schedule D (Form 990) 2009

SAN DIEGO COUNTY BAR FOUNDATION

uncertain tax positions under FIN 48.

932053 02-01-10

932054

Schedule D (Form 990) 2009

SCHEDULE 1 (Form 990)

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

OMB No 1545-0047

Department of the Treasury	Compl	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	n answered "Yes"	on Form 990, Pai	t IV, line 21 or 22.		Open to Public	•
Internal Revenue Service			► Attach to Form 990.	n 990.			mspection	۱
Name of the organization SAN DIEGO COUNTY		BAR FOUNDATION	NO				Employer identification number 95–336651	1 per
Part I General Information on Grants and Assistance								
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	e amount of the grants	s or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select		
criteria used to award the grants or assistance?	istance?						Yes X No	ŝ
깕	ocedures for moni	toring the use of grant	t funds in the United	d States.				1
Part II 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	Governments an	d Organizations in th	ie United States. C	omplete if the organism of the	Inization answered "Y	es" to Form 990, Part	IV, line 21, for any	Г
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Ose Party and Schedule 11 (10) if 350 if additional space is freeded.	\$5,000 Check this	s box if no one recipie	nt received more un	an \$5,000 Use re	Mothod of	ווחוווו פפט וו מממוווטוו	al space is lieeded	1
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	ry welloo of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	(
COMMINITY PRSOIRCE CENTER			9 700	0				
COMMONIT ACCOUNTS CHAIRN								İ
ELDER LAW & ADVOCACY			14,550.	0.				1
ACCESS, INC.			4,850.	0.				į
CENTER FOR COMMUNITY SOLUTIONS			14,550.	0				1
INTERNATIONAL RESCUE COMMITTEE			14,550.	0.				
LICENSE TO PREEDOM			2,425.	0				
2 Enter total number of section 501(c)(3) and government organizations	and government o	rganizations					•	ω ω
3 Enter total number of other organizations	SU						•	ان <u>ہ</u>
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice	, see the Instructions	s for Form 990.				Schedule I (Form 990) 2009	600

23

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (Form 990) 2009 SAN DIEGO COUNTY BAR FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Ime 22 Use Part IV and Schedule I-1 (Form 990) if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 932102 02-02-10 Part IV

Page 2

95-3366651

Schedule I (Form 990) 2009

Part III Grants and Othe

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

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

Open to Public

OMB No 1545-0047

Inspection

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance Employer identification number 95-336651 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) 0 Ö (e) Amount of non-cash assistance 2,425. (d) Amount of cash grant 5,000, LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. SAN DIEGO COUNTY BAR FOUNDATION (c) IRC section if applicable (p) EIN VIP MENTORS OF SAN DIEGO COUNTY (a) Name and address of organization or government Name of the organization HANNAH'S HOUSE

SCHEDULE'O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization SAN DIEGO COUNTY BAR FOUNDATION

Employer identification number 95-336651

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE SAN DIEGO COUNTY BAR FOUNDATION IS THE CHARITABLE ARM OF THE SAN
DIEGO COUNTY LEGAL COMMUNITY, AND IN PARTNERSHIP WITH THE SAN DIEGO
COUNTY BAR ASSOCIATION, STRIVES TO PROVIDE ACCESS TO JUSTICE BY
INVESTING IN SUSTAINABLE RESULTS AND ADVOCACY FOR PEOPLE AND
COMMUNITIES IN OUR REGION THAT ARE IMPACTED BY POVERTY, ABUSE AND
DISCRIMINATION.
FORM 990, PART VI, SECTION B, LINE 11: EXECUTIVE DIRECTOR AND CFO REVIEW
TAX RETURN CONTENTS AND DISCLOSURES WITH CPA. RETURNS ARE SENT TO THE
FINANCE COMMITTEE AND FULL BOARD FOR REVIEW AND COMMENT PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CONFLICT DISCLOSURE
QUESTIONNIARE IS COMPLETED AND REVIEWED.
FORM 990, PART VI, SECTION B, LINE 15: REVIEW OF DIRECTORS AND KEY
EMPLOYEES COMPENSATION IS DONE WITH OUTSIDE COMPARISONS ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST BY MAIL.

Schedule O (Form 990) 2009

<u>... 1128</u>

Application To Adopt, Change, or Retain a Tax Year

OMB No 1545-0134

(Rev. January 2008)
Department of the Treasury
Internal Revenue Service

► See separate instructions.

Attachment Sequence No. 148

	A	
1	Part I General Information Important: All filers must complete Part I and sign below. See instructions.	
-	Name of filer (if a joint return is filed, also enter spouse's name) (see instructions) Filer's identifying number
	SAN DIEGO COUNTY BAR FOUNDATION	95~3366651
	Number, street, and room or suite no. (if a P O. box, see instructions)	Service Center where income tax return will be filed
Ħ	1333 SEVENTH AVENUE SUITE 101	OGDEN, UT
Print	City or town, state, and ZIP code	Filer's area code and telephone number/Fax number
þ	SAN DIEGO, CA 92101-4309	•
<u>_</u>	Name of applicant, If different than the filer (see instructions)	619-231-7015 /
۴	Name of applicant, it different than the filer (see instructions)	Applicant's identifying number (see instructions)
	Name of person to contact (If not the applicant or filer, attach a power of attorney	· · · · · · · · · · · · · · · · · · ·
_	BRIANA WAGNER, EXECUTIVE DIRECTOR	619-231-7015 /
1	Check the appropriate box(es) to indicate the type of a	pplicant (see instructions).
	☐ Individual ☐ Cooperative (sec. 1381(a))	Passive foreign investment company (PFIC)
	Partnership	(sec. 957) (sec. 1297)
	☐ Estate ☐ Foreign sales corporation (FSC) or in	nterest-charge
	Domestic corporation domestic international sales corporat	ion (IC-DISC) 🔯 Tax-exempt organization
	☐ S corporation · ☐ Specified foreign corporation (SFC) (provide the contract of the co
	Personal service 10/50 corporation (sec. 904(d)(2)(E))	
	corporation (PSC) Trust	(Specify entity and applicable Code section)
_	- Annual is requested to (shock and) (see instructions):	
2	a Approval is requested to (check one) (see instructions):	
	☐ Adopt a tax year ending ► (Partr	erships and PSCs: Go to Part III after completing Part I.)
	☑ Change to a tax year ending ► 12-31-2009 ☐ Bu	etain a tax year ending ▶
	and offengo to a tax your offengo a manifest surface and the	······································
	b If changing a tax year, indicate the date the present tax year	ends ▶ 07-31-2010
	b if changing a tax year, indicate the date the present tax year	ondo. P
	c If adopting or changing a tax year, the first return or short pe	riod return will be filed for the tax year
	beginning ► 08-01 , 2009 , and endin	g ► 12-31 , 20 09
3	is the applicant's present tax year, as stated on line 25 above	, also to current interfold reporting your.
	If "No," attach an explanation.	
4		
*		
	=	
	☐ Other method (specify) ►	
5	State the nature of the applicant's business or principal source	e of Income
J	GRANTMAKING, LEGAL SERVICES - EXEM	
	GRANTMAKING, DEGAD DEKVICED BABIN	ordinaria for
_	Signature—All Filers (See Who	Must Sign in the instructions \
Inc	In paralities of periory I declare that I have examined this application. Including	g accompanying schedules and statements, and to the best of my knowledge
and	belief, it is true, correct, and complete. Declaration of preparer (other than file	r) is based on all information of which preparer has any knowledge.
	- A	Dunnang (akkay Akay Allay)
1	Filer*	Preparer (other than filer)
_	M_{Λ}	De la la
		Separation of halfulded proportion the confliction and data
_	Signature and date	Signature of individual preparing the application and date
	RIANA WAGNER :	DDTN MOODDD ODD
E	XECUTIVE DIRECTOR	ERIN MCCABE, CPA
	Name and title (print or type)	Name of Individual preparing the application
	•	CHAKARIAN & ASSOCIATES, CPA'S
		3971 GOLDFINCH STREET
if t	ne application is filed on behalf of a controlled foreign corporation or a	SAN DIEGO, CA 92103
		Name of firm preparing the application

For Privacy Act and Paperwork Reduction Act Notice, see separate Instructions.

Form 1128 (Rev 1-2008)

	rt II Automatic Approval Request (see instructions)		
	dentify the revenue procedure under which this automatic approval request is filed \triangleright 85–58		
Sec	ction A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, o successor)	or its	
_	Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in	Yes	No
1	tax year and is not precluded from using the automatic approval rules under section 4 of Rev Proc. 2006-45 (or its successor)? (see instructions)		
2	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?		
3	If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553. Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions)		
Sec	tion B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc.	,	
	2006-46, or its successor)	4	
4	Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev Proc 2006-46 (or its successor)? (see instructions) .		
5	Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year?		
6	Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4 01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months (See instructions for information required to be submitted)		
7	Is the S corporation requesting an ownership tax year? (see instructions)		
8	Is the applicant a partnership requesting a concurrent change pursuant to section 6 09 of Rev Proc 2006-45 (or its successor) or section 5 04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions)	en en en en en en en en en en en en en e	
Sec	ction C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)		
9	Is the applicant an individual requesting a change from a fiscal year to a calendar year?	<u> </u>	ļ
	ction D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)	1 77	
	Is the applicant a tax-exempt organization requesting a change?	X	45.04
Pal	Ruling Request (All applicants requesting a ruling must complete Section A and any other seapplies to the entity See instructions) (Rev. Proc. 2002-39, or its successor)	cuon	เทลเ
Sec	tion A—General Information	Yes	No
		163	140
1	Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court?		
	If "Yes," see the instructions for information that must be included on an attached explanation		
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period		
2	ending with the last month of the requested tax year?		
	If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented	,,	
3	Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented?		
4a	Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev Proc 2002-39 (or its successor)?		
	If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions)		
b	If your business purpose is based on one of the natural business year tests under section 5 03, check the applicable box.		
	☐ Annual business cycle test ☐ Seasonal business test ☐ 25-percent gross receipts test		
	Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period (see instructions)		
5	Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period.		
	Short period \$ First preceding year \$		
	Second preceding year \$ Third preceding year \$		
	Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income All other applicants, enter taxable income before net operating loss deduction and special deductions.		

Form	1128 (Rev 1-2008)	Р	age 3
6	Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period	Yes	No
	Generated Expiring		
	Net operating loss \$ \$		1
	Capital loss		ĺ
7	Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6 01(7) of		ļ
	Rev. Proc 2002-39, or its successor)		ز د ــــــــ
8a	Is the applicant a U.S shareholder in a CFC?		
	If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the		1
	percentage of total combined voting power of the applicant, and the amount of income included in the gross income of the applicant under section 951 for the 3 tax years immediately before the short period and for the		
	short period		
b	Will each CFC concurrently change its tax year?		
	If "Yes" to line 8b, go to Part II, line 3.		i
	If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U S shareholder.	*	,
			!
ya	Is the applicant a U.S. shareholder in a PFIC as defined in section 1297?		77
	percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net		
	capital gain from the PFIC included in the income of the applicant		
b	Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund? ▶	-	
10a			
	a shareholder of an IC-DISC, or a shareholder of an FSC?	-	1
	estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of		
	interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year		i
	and for the short period. Indicate the percentage of gross income of the applicant represented by each amount		
	Will any partnership concurrently change its tax year to conform with the tax year requested?		
11	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical		
	advice request pending with the IRS National Office?	-	
	If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request	`	,
12	Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application? ▶		
13	Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application?		
14	Enter amount of user fee attached to this application (see instructions)		
	tion B—Corporations (other than S corporations and controlled foreign corporations) (see instructions)		
15	Enter the date of incorporation. ▶	Yes	No
16a	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?	163	140
b	If "Yes," will the corporation be going to a permitted S corporation tax year?		
	If "No" to line 16b, attach an explanation.		
17	Is the corporation a member of an affiliated group filing a consolidated return?		
	If "Yes," attach a statement providing (a) the name, address, identifying number used on the consolidated return,		Ì
	tax year, and Service Center where the applicant files the return; (b) the name, address, and identifying number of each member of the affiliated group, (c) the taxable income (loss) of each member for the 3 years immediately		
	before the short period and for the short period; and (d) the name of the parent corporation.		
18a	Personal service corporations (PSCs): Attach a statement providing each shareholder's name, type of entity		
	(individual, partnership, corporation, etc.), address, identifying number, tax year, percentage of ownership, and		
	amount of income received from the PSC for the first preceding year and the short period.		
D	If the PSC is using a tax year other than the required tax year, indicate how it obtained its tax year Grandfathered (attach copy of letter ruling) Section 444 election (date of election)		
	Letter ruling (date of letter ruling (attach copy))		

Form	1128 (Rev. 1-2008)	Р	age 4
	tion C—S Corporations (see instructions)		
19	Enter the date of the S corporation election	Yes	No
20	Is any shareholder applying for a corresponding change in tax year?		
21	If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year Grandfathered (attach copy of letter ruling) Letter ruling (date of letter ruling (attach copy))		
22	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.		
Sec	tion D—Partnerships (see instructions)		
23	Enter the date the partnership's business began	Yes	No
24	Is any partner applying for a corresponding change in tax year?		
25	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits	• .	
26	Is any partner a shareholder of a PSC as defined in Regulations section 1 441-3(c)?		1
27	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year Grandfathered (attach copy of letter ruling) Section 444 election (date of election) Letter ruling (date of letter ruling (attach copy))		
Sec	tion E—Controlled Foreign Corporations (CFC)	· · · · · · · · · · · · · · · · · · ·	
28	Attach a statement for each U S shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period	, ,	
Sec	tion F—Tax-Exempt Organizations		
29	Type of organization ☐ Corporation ☐ Trust ☐ Other (specify) ▶	Yes	No
30	Date of organization		appear to
31	Code section under which the organization is exempt. ▶	J	
32	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶		
33	Enter the date the tax exemption was granted. ▶ Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		
34	If the organization is a private foundation, is the foundation terminating its status under section 507?		
Sec	tion G—Estates		
35	Enter the date the estate was created. >		
36a	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each p is an interested party of any portion of the estate	erson	who

b Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing the distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before the short period and for the short period

Section H—Passive Foreign Investment Companies

If the applicant is a passive foreign investment company, attach a statement providing each U.S. shareholder's name, address, identifying number, and percentage of interest owned

Form 1128 (Rev 1-2008)