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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

Open to Public Inspection

Form 990 (2009)

	For the 20	09 calendar y	ear, or tax year beginning 07/01/09, and ending 06/30/	10		
	Check if applic	able Please	C Name of organization		D Emplo	yer identification number
$\square$	Address chang	use IRS	DELAWARE BAR FOUNDATION			
$\overline{\Box}$	Name change	label or print or	Doing Business As		51-	0259923
$\equiv$	•	type	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
	Initial return	See	100 W. 10TH STREET	106	302	-658-0773
∐.	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		<b>G</b> Gross rece	epts 939,537
$\prod_{i}$	Amended retur		WILMINGTON DE 19801			
$\bar{\sqcap}$	Application per	nding F Nam	e and address of principal officer		H(a) Is this	a group return for
ш.	приноской ро				affiliate	
					H(b) Are all include	affiliates Yes No
					if "No,"	'attach a list (see instructions)
<u></u>	Tax-exempt	t status	501(c) ( <b>3</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527		_	
	Website:		DELAWAREBARFOUNDATION.ORG			exemption number
<u>K</u>	Type of organ	ızatıon X Co	rporation Trust Association Other ▶ L	Year of formation 1	.981	M State of legal domicile <b>DE</b>
<u>P</u>	art I	Summa	ry			
	1 Brie	fly describe	the organization's mission or most significant activities.			
ø	S	EE SCHE	DULE O			
auc						
ern						
Activities & Governance	2 Che	ck this box l	If the organization discontinued its operations or disposed of more than	25% of its net as	sets	
ن 8	3 Nun	nber of votin	g members of the governing body (Part VI, line 1a)		3	12
es	4 Nun	nber of inde	endent voting members of the governing body (Part VI, line 1b)		4	12
Σ	5 Tota	al number of	employees (Part V, line 2a)		5	1
Act	6 Tota	al number of	volunteers (estimate if necessary)		6	
•	7a Tota	al gross unre	lated business revenue from Part VIII, column (C), line 12		7a	
	<b>b</b> Net	unrelated bu	siness taxable income from Form 990-T, line 34		7b	0
				Prior Ye		Current Year
ē			d grants (Part VIII, line 1h)		5,002	315,531
Revenue	1	•	revenue (Part VIII, line 2g)		7,650	612,511
šev	1		me (Part VIII, column (A), lines 3, 4, and 7d)		4,305	3,844
_			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,812	7,651
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,769	939,537
	1		ar amounts paid (Part IX, column (A), lines 1–3)	1,0/	5,000	533,700
			or for members (Part IX column (A), line 4)	<u> </u>	210	40.260
es			ompensation, employee benefits (Part IX, column (A), lines 5–10)	0,210	40,360	
enses			draising fees (Part IX, column)(A), line 11e)			<del></del>
Expe	<b>b</b> Tota	al fundraរ <b>ទំ</b> ក្រុ	expenses (Part IX poplumn (Ď) line 25) ▶		1 063	44 116
ш	J Oa.		Part IX, column (A), lines 12-11d, 11f-24f)		1,063	44,116
			Add lines 13=17 (must equal Part IX, column (A), line 25)		6,273	618,176
- "	19 Rev	enue less e	pensesi Subtraci line 18 from lihe 12	Beginning of Cu	6,504	321,361 End of Year
ts o	20 7-1	al accete (D	rt X, line 16)		4,619	617,023
4sse Bala	24 754	`	rt x, line 16) Part X, line 26)	<del>                                     </del>	98	1,141
Net Assets or Fund Balances	22 Not	•	rart X, line 26)  nd balances Subtract line 21 from line 20	29	4,521	615,882
	art II		re Block		1,021	
<u>,                                    </u>	art ii	T	Ities of perjury, I declare that I have examined this return, including accompanying schedul	es and statements	and to the he	st of my knowledge
5		and belief,	t is true, correct, and complete Declaration of preparer (other than officer) is based on all	nformation of which	preparer has	any knowledge
ս ₃Sig	nn		Faren L. Valkum			2 7 2011
₃Οις <b>∍</b> He		Signat	ure of officer		Date	<u> </u>
		Ι. τυ	ren L. Valihvra, President		50.0	
74 A F			r print name and title	**		
_		,	Date Date	Check	of.	Preparer's identifying number
<u>P</u> a	id	Preparer's signature		self-	. [-	(see instructions) P00451404
	eparer's	aignature		27/11 emplo	1	FO 0070F70
	e Only	Firm's nam	(or yours		EIN	<u> </u>
Ü	-	if self-empl address, ar	.,,,,		Phone	302-798-2300
May	v the IRS	· ·	eturn with the preparer shown above? (see instructions)	·	no ▶	Yes No
INICI	,		Start That are property directly above (000 mondonolis)			1 . 55

	DELAWARE BAR FOUN	NDATION_	51-0259923	Page 2
	Statement of Program Serv	ice Accomplishments		
	cribe the organization's mission			
SEE SCH	EDULE O			
2 Did the ora	anization undertake any significant	program services during the year which	h were not listed on	
_	orm 990 or 990-EZ?	3 7		Yes X No
	scribe these new services on Scheo	dule O		
3 Did the org	anization cease conducting, or mak	e significant changes in how it conduc	ts, any program	
services?				Yes X No
	scribe these changes on Schedule			
		r each of the organization's three large		
		and section 4947(a)(1) trusts are requirevenue, if any, for each program service		
anocations	to others, the total expenses, and re	evenue, il any, for each program servic	se reported	
4a (Code	) (Expenses \$ 5:	96,545 including grants of \$	<b>533,700</b> ) (Revenue \$	635,798
IOLTA:	, , ,			
		UDICIAL SYSTEM BY I		
		ED TO IMPROVING THE	E ADMINISTRATION	
OF JUST	ICE.			
4b (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
			,	
4c (Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
•			•	
4d Other prog	ram services (Describe in Schedule	e O.)		
(Expenses	\$ inclu	uding grants of \$	) (Revenue \$	)
4. Takal asses		50 <i>6</i> 515		

Form	990 (2009) <b>DELAWARE BAR FOUNDATION</b> 51-0259923		Р	age 3
Pa	art IV Checklist of Required Schedules			
			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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
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,"	1		
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		ļ	
	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	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 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related 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	<u> </u>		ļ
	Schedule D, Parts XI, XII, and XIII	12	X	ļ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	4		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	4		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	l		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<del> </del> -	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	١		<sub>v</sub>
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	1,		
<b>.</b> -	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		1	_ v
4.0	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	$\vdash$	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	1	1	l

If "Yes," complete Schedule G, Part III

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

Forn	1 990 (2009) DELAWARE BAR FOUNDATION 51-0259923		<u>P</u>	age 4
Pa	art 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			ŀ
	in the 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			٠,
	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 and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete 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 Schedule K If "No," go to line 25	<u>24a</u>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		X
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
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	ļ!	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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 an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV .	28c	<u> </u>	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 contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			}
	Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	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	33	<u> </u>	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	<u> </u>	X
35	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
36	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	<u> </u>	X
37	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,		1	
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			

Form **990** (2009)

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

51-0259923 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b 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? Х 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a 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? 5b 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? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X 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 tax 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? 7a 7b 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 was 7c required to file Form 8282? 7d | If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h required? 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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a а 9b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11h Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

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

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

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	12			
b	Enter the number of voting members that are independent	1b	12		ł	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
	any other 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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was	filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		Х
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 members					
	of the governing body?			7a_	х	L
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following.					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					l <u></u>
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
	tion B. Policies (This Section B requests information about policies not required by the	Intern	al			
<u>Kev</u>	venue Code.)					
				10	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			401		
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			44	x	
44-	form?			11_	Λ.	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			40	x	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		<del>                                     </del>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			401	х	
	rise to conflicts?			12b		-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			40-	х	
	describe in 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		
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?			45-	X	
a	The organization's CEO, Executive Director, or top management official			15a	^	х
D	Other officers or key employees of the organization			15b		
40-	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 arrangement			160	Ì	x
	with a taxable entity during the year?			16a		
D	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			46h		
500	the organization's exempt status with respect to such arrangements?		··-·	16b	L	
	List the states with which a copy of this Form 990 is required to be filed DE					
17		e only)				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)	a orliy)				
	available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. X Lipon request.					

Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

State the name, physical address, and telephone number of the person who possesses the books and records of the 100 W. 10TH STREET, SUITE 106 organization > JACQUELINE METTE

DE 19801

302-658-0773

### Form 990 (2009) DELAWARE BAR FOUNDATION

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"

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

(A)  Name and Title	(B) Average			((	<del></del>	that ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours 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
JACQUELINE PARADI	E METTE					Ħ				
EXECUTIVE DIRECTOR	25.00	x			ŀ			38,388	0	0
KAREN L. VALIHURA	1									
PRESIDENT		X		X				0	0	0
THOMAS E. HANSON	JR.									
SECRETARY		X		Х				0	0	0
MARY M. MALONEY-I	iuss									
TREASURER		X		Х				0	0	0
DAVID N. RUTT										
DIRECTOR		X						0	0	.0
CHARLES S. MCDOWN	<b>LL</b>									
DIRECTOR		X			_			0	0	0
HON. CAROLYN BERG	FER	Į			ŀ			_	_	
DIRECTOR		X						0	0	0
RICHARD D. KIRK									_	
DIRECTOR		X				1		0		0
JOHN F. SCHMUTZ										
DIRECTOR		X			ļ	ļ		0	0	0
THOMAS P. SWEENE	<b>Y</b>	l	1		1				•	
DIRECTOR		x	_		_	1		0	0	0
GEOFFREY GAMBLE					1				•	
DIRECTOR		X	_	<u> </u>				0	0	0
WILLIAM H. SUDELI	μ, JR.								_	
DIRECTOR		x		<u> </u>	_	$\vdash$		0	0	0
SUSAN D. AMENT	-	٠,							^	0
DIRECTOR		x		-				0	0	
	-					ΙÍ				
	<u> </u>	├	$\vdash$		-	$\vdash$				
	{									
		$\vdash$	-		-	╁╌┤				
	1		ļ		1					
		┼─	<del>                                     </del>			$\vdash$			<u></u>	<del> </del>
	1									
		<u> </u>	1	1		1				<u> </u>

Part V	(A)	(B)			(	C)	_		d Highest Compensated (D)	(E)		(F)	
	Name and Title	Average hours per week	ndividual trustee or director	_	Officer	a Key employee	a Highest compensated employee	pply) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		on 1
				-		-							
	·												
1b To	tal	· · · · · · · · · · · · · · · · · · ·				<u> </u>		<b>&gt;</b>	38,388				
	tal number of individuals (in portable compensation from				thos	e lis	ted a	bov	e) who received more than	\$100,000 in	<del></del>	<del></del>	
	the organization list any for oployee on line 1a? If "Yes,"								oyee, or highest compensat	ted	Γ	Ye:	s No X
4 Fo	r any individual listed on line e organization and related o	e 1a, is the sum	of re	porta	able	com	pens	atio	n and other compensation s," complete Schedule J fo	from r such		4	x
5 Did	lividual d any person listed on line 1 rvices rendered to the organ									r		5	x
1 Co	B. Independent Contract implete this table for your five impensation from the organi	ve highest comp	 ensa	ted ı	nde	pend	lent o	contr	ractors that received more	than \$100,000 of			
		(A) business address							Descrip	(B) tion of services		(C) Compen	sation
	- <del>                                     </del>									<u>.</u>			
	,							_					
													-
<del></del>									<del></del>				
mo	tal number of independent ore than \$100,000 in compe		_				ed to	tho	se listed above) who receiv	red		0	
DAA												Form 99	0 (2009)

	0 (2009) DELAWARE B			<del></del>	01-0259923	<del></del>	Page
Part V	III Statement of Rev	enue		(A)	(0)		(n)
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
<u>ω</u> .		14-1	-		revenue		512, 513, or 514
<u>-</u>	Federated campaigns	1a	10,850				
,티 p	Membership dues	1b	10,850				
E c	Fundraising events	1c				-	-
海 a	Related organizations	1d	022 500				
ris e	Government grants (contributions)	1e	233,700			i	-
<u>†</u>	All other contributions, gifts, grants, and similar amounts not included above	1	TO 001				
₫		lf	70,981				
<u> </u>	Noncash contributions included in lines 1	a-1f \$		245 524			li
	Total. Add lines 1a–1f		<u> </u>	315,531			
a b c d e f c			Busn. Code	C12 F11	C12 F11		
2a			900099	612,511	612,511		
בְּן b				<del></del>			<del></del>
[ C							
5   d			-				
e .							
<u>3</u> "  *	All other program service rev	enue		C10 F11			
<del></del>	Total. Add lines 2a-2f	<del></del>		612,511			
3	Investment income (including	aiviaenas, in	terest, and	2 044	2 044		
١.	other similar amounts)			3,844	3,844		
4	Income from investment of ta	x-exempt bor		1 621	1 631		·····
5	Royalties		(v) Passana!	1,631	1,631		
۱.	(i) Real		(II) Personal				
6a							
1					-		
	Rental inc or (loss)		<b>•</b>		<u>.</u>		
d   7a	Net rental income or (loss) Gross amount from (i) Securitie	) c	(II) Other	<del></del>			<del></del>
	sales of assets	-	(ii) Guiei				
	other than inventory					-	
6	Less cost or other					_	
	basis & sales exps						
1	Gain or (loss)		<b>•</b>				
	• , ,	anta 🗀		<del></del>			<del> </del>
<u>₽</u>   Oa	Gross income from fundraising ev (not including \$	enis					
•	of contributions reported on line 10	a)					
b b	See Part IV, line 18	' I					
<u>ַ</u>	Less. direct expenses	a b					
3   5	Net income or (loss) from fun		ıts 🕨				
	Gross income from gaming activiti		11.5				
Ja	See Part IV, line 19					-	
	Less direct expenses	a b		ē			
	Net income or (loss) from gai					<del></del>	
	Gross sales of inventory, less		, ,				
'Va	returns and allowances	a				!	
١,	Less cost of goods sold	в b					
	Net income or (loss) from sal		v <b>•</b>				
<del>  c</del>	Miscellaneous Revent		Busn Code				
11a			900099	3,157	3,157		-
b		PINTNIA	900099	1,852	1,852	<del></del>	<u>.</u>
1 10			900099	1,011	1,011		
_ ا					<b>-,</b> ∪		1
C			300033	-,	-		
c d e	All other revenue		<b>300033</b>	6,020			

## Form 990 (2009) **DELAWARE BAR FOUNDATION**

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).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising						
_7b,	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses						
1	Grants and other assistance to governments and			<u> </u>							
	organizations in the U.S. See Part IV, line 21	533,700	533,700								
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	37,492	28,119	9,373							
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										
8	Pension plan contributions (include section 401(k)										
	and section 403(b) employer contributions)										
9	Other employee benefits			<u>-</u>							
10	Payroll taxes	2,868	2,151	717							
11	Fees for services (non-employees)										
а	Management				<u> </u>						
b	Legal										
С	Accounting	14,828	11,121	3,707							
d	Lobbying	.,									
е	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
g	Other	3,645	3,645								
12	Advertising and promotion	350	263	87							
13	Office expenses										
14	Information technology										
15	Royalties				<u>.</u>						
16	Occupancy	5,051	3,788	1,263							
17	Travel			·							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates			.,							
22	Depreciation, depletion, and amortization										
23	Insurance	2,143	1,607	536							
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)			<del></del>							
а	GENERAL OPERATING EXPENSE	7,356	5,517	1,839	<u> </u>						
b	MOVING EXPENSE	6,194	4,646	1,548							
С	BANK & INVESTMENT FEES	1,465	771	694							
d	DELAWARE LAWYER EXPENSES	1,461		1,461							
е	DATA PROCESSING	913	685	228							
f	All other expenses	710	532	178							
25	Total functional expenses. Add lines 1 through 24f	618,176	596,545	21,631							
26											
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs										
	from a combined educational campaign and										
DAA	fundraising solicitation				Farm 990 (2000						

	art X	Balance Sheet	31-0239923		Page II
	41 € 2	Bulance oncer	(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	2,173	1	16,100
	2	Savings and temporary cash investments	257,883	2	556,290
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		į	
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	ľ		
		Part II of Schedule L		6	_
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	<del></del>
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a		-	a .
	b	Less accumulated depreciation 10b		10c	
		Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV. line 11	34,563	12	44,633
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
ļ		Total assets. Add lines 1 through 15 (must equal line 34)	294,619	16	617,023
$\neg$		Accounts payable and accrued expenses	98	17	1,141
		Grants payable		18	
	19	Deferred revenue		19	
		Tax-exempt bond liabilities		20	
ွ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			· · · · · · · · · · · · · · · · · · ·
<b>≒</b>	22	employees, highest compensated employees, and disqualified	1		
iai		persons Complete Part II of Schedule L		22	
	22	·		23	
		Secured mortgages and notes payable to unrelated third parties			<del> </del>
		Unsecured notes and loans payable to unrelated third parties		24	
		Other liabilities Complete Part X of Schedule D	98	25	1,141
-	26	Total liabilities. Add lines 17 through 25	36	26	1,141
ĕ		Organizations that follow SFAS 117, check here ▶ X and			
ä		complete lines 27 through 29, and lines 33 and 34.	151 720		172 757
<u> </u>	27	Unrestricted net assets	151,739		173,757
焸		Temporarily restricted net assets	108,219		397,493
록	29	Permanently restricted net assets	34,563	29	44,632
띠		Organizations that do not follow SFAS 117, check here ▶	1	ļ	
6		and complete lines 30 through 34.		1	
ţ	30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances .	294,521	33	615,882
z	34	Total liabilities and net assets/fund balances	294,619	34	617,023

Form **990** (2009)

	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual 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	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in		1	
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	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 Single Audit Act and OMB Circular A-133?	3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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.

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

OMB No 1545-0047

2009 Open to Public

Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

DELAWARE BAR FOUNDATION

Employer identification number 51-0259923

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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X 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) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 Type II c Type III-Functionally integrated 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? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (III) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of the organization in organization in col support organization (described on lines 1-9 in col (i) listed in your col (i) of your (i) organized in the above or IRC section governing document? ับรว support? (see instructions)) Yes Yes Yes No No No

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 DELAWARE BAR FOUNDATION 51-0259923 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 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, 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

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

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support

(d) 2008

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

Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,757,230	1,811,846	1,681,965	1,092,652	315,531	6,659,224
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					624,006	624,006
3	Gross receipts from activities that are not an unrelated trade or business under section 513				····		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,757,230	1,811,846	1,681,965	1,092,652	939,537	7,283,230
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)			<u></u>	i		7,283,230
	tion B. Total Support						
Ca	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1,757,230	1,811,846	1,681,965	1,092,652	939,537	7,283,230
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,074	14,841	16,983	6,095	5,475	59,468
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	16,074	14,841	16,983	6,095	5,475	5 <u>9,468</u>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,172	8,502	5,827	1,022	6,020	24,543
13	Total support. (Add lines 9, 10c, 11,				ļ		
	and 12)	1,776,476	1,835,189	1,704,775	1,099,769	951,032	7,367,241
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	second, third, fou	irth, or fifth tax yea	r as a section 501(	(c)(3) 	<b>&gt;</b> _
Sec	tion C. Computation of Public Su	upport Percent	age				
15	Public support percentage for 2009 (line 8	, column (f) divided	by line 13, colum	n (f))		15	98.86%
16	Public support percentage from 2008 Sch			_		16	98.87%
Sec	tion D. Computation of Investme	ent Income Per	centage			<del></del>	
17	Investment income percentage for 2009 (I	ine 10c, column (f)	divided by line 13,	, column (f))		17	1 %
18	Investment income percentage from 2008					18	1 %
19a	33 1/3 % support tests—2009. If the orga	anization did not che	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	(Sec.)
	17 is not more than 33 1/3 %, check this t						<b>▶ X</b>
b	33 1/3 % support tests—2008. If the orga						
	line 18 is not more than 33 1/3 %, check t						▶  _
20	Private foundation. If the organization did	d not check a box or	n line 14, 19a, or 1	19b, check this box			<u></u> ▶
DAA					Sch	edule A (Form 990	or 990-EZ) 2009

**MISCELLANEOUS** 

Schedule A (Form 990 or 990-EZ) 2009 DELAWARE BAR FO	UNDATIO	ON 51-0259923
		de the explanations required by Part II, line 10; y other additional information. See instructions.
PART III, LINE 12 - OTHER INCOME DI	ETAIL	
SPEAKER FEES	\$	25,833
ANNIVERSARY DINNER	\$	3,700
REALIZED AND UNREALIZED GAINS /	\$	0
(LOSSES) ON INVESTMENTS	\$	-6,001

1,011

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **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.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

51-0259923 DELAWARE BAR FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 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 satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, 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 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items. Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

		BAR FOUNDATI			259923				age 2
	rt III Organizations Maintaining			-			(contir	nued	
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, ch	eck any of the follows	ng that are a signific	ant use of it	S			
а	Public exhibition	d Loan	or exchange program	ns					
b	Scholarly research	e 💹 Othe	r		<b>-</b>				
С	Preservation for future generations								
4	Provide a description of the organization's coll Part XIV	ections and explain how	they further the orga	inization's exempt p	urpose in				
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained as part o	f the organization's co	ollection?			Laure I	es [	No
Pa 	rt IV Escrow and Custodial Arra IV, line 9, or reported an am	•	•	ation answered	"Yes" to	Form 9	90, Pa	art 	_
1a	Is the organization an agent, trustee, custodial included on Form 990, Part X?	n or other intermediary f	or contributions or oti	her assets not			Y	es [	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following	ng table						
							Amour	nt	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e		•		
f	Ending balance				1f				
2a	Did the organization include an amount on For	rm 990, Part X, line 21?					Y	es	No
b	If "Yes," explain the arrangement in Part XIV								
<u> Pa</u>	rt V Endowment Funds. Comple		answered "Yes" t	to Form 990, Pa	art IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Fou	r years	back
1a	Beginning of year balance	34,563	33,541		ļ				
b	Contributions	6,100	9,400						
c	Net investment earnings, gains,								
	and losses	4,505	-8,007						
	Grants or scholarships		<del></del>					,	
е	Other expenditures for facilities								
	and programs		254				······ ····		
f	Administrative expenses	536	371		-			-	
g	End of year balance	44,632	34,563		<u> </u>		<u> </u>		
2	Provide the estimated percentage of the year								
a	Board designated or quasi-endowment	%							
	Permanent endowment ► _100.00 %								
	Term endowment ▶ %	f.th							
Ja	Are there endowment funds not in the possess	sion of the organization	that are nelo and aom	inistered for the				Vaa	Na
	organization by						20/i)	Yes	No
	(i) unrelated organizations						3a(i)		х
	(ii) related organizations	listed as required on Se	hodulo B2				3a(ii) 3b		1
4	If "Yes" to 3a(II), are the related organizations  Describe in Part XIV the intended uses of the						_ 30	L	
P:	irt VI Investments—Land, Buildi			0 Part X line 1	<u> </u>				
	Description of investment	(a) Cost or other basis	(b) Cost or otl		cumulated		(d) Bool	value	
	Description of investment	(investment)	basis (other	''	reciation		(4) 500.	· value	
1a	Land								
b	Buildings								
С	Leasehold improvements					_			
d	Equipment								
е	Other	<u> </u>							
Tota	. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X, c	olumn (B), line 10(c).	)		<u> </u>			
					_		D /F		

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

<sup>2.</sup> 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

Sche	dule	D (F	orm !	990)	2009	9	DEI	.AW.	ARI	E 1	BAI	R F	מטכ	IDA	TI	ON							51	-02	259	92	23						Page \$
Pa	rt X	ΊV	Su	aaı	em	enta	al In	form	natio	on	(cor	ntinu	ed)																				
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

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

OMB No 1545-0047

**≗** Open to Public A Inspection 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 (h) Purpose of grant or assistance X Yes LEGAL AID LEGAL AID LEGAL AID Employer identification number non-cash assistance (g) Description of 51-0259923 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. 333,700 100,000 100,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable 51-0265470 51-6000158 51-0372955 General Information on Grants and Assistance (p) EIN DELAWARE BAR FOUNDATION the selection criteria used to award the grants or assistance? DELAWARE VOLUNTEER LEGAL SERVICES **DE 19803** DE 19801 **DE 19801** (a) Name and address of organization 100 W.10TH STREET, SUITE 801 100 W.10TH STREET, SUITE 203

LEGAL SERVICES OF DELAWARE

WILMINGTON

WILMINGTON

COMMUNITY LEGAL AID

P.O. BOX 7306

WILMINGTON

or government

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

Enter total number of other organizations

Schedule I (Form 990) 2009

Page 2

51-0259923 Schedule I (Form 990) 2009 DELAWARE BAR FOUNDATION
Doct III Cross and Other Accidence to Individuals in the United States

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	to Individuals in the	• United States. Con	nplete it the organiza	tion answered "Yes" to For	m 990, Part IV, line 22.
	Use Part IV and Schedule I-1 (Form 990) if additional	(Form 990) if addition	nal space is needed.			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	ok,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
		3				
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other addition	onal information.

Schedule I (Form 990) 2009 -

SCHEDULE O

(Form 990)

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

Department of the Treasury

DELAWARE BAR FOUNDATION

Employer identification number

51-0259923

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

THE DELAWARE BAR FOUNDATION'S MISSION IS IMPROVING THE ADMINISTRATION OF

JUSTICE IN DELAWARE BY:

- PROVIDING LEGAL SERVICES FOR THE POOR
- PROMOTING STUDY AND RESEARCH IN THE FIELD OF LAW
- FOSTERING KNOWLEDGE OF CITIZENSHIP RIGHTS AND RESPONSIBILITIES
- ENHANCING PUBLIC RESPECT FOR THE RULE OF LAW

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

PROMOTE AND ASSIST THE JUDICIAL SYSTEM BY PROVIDING GRANTS

TO ORGANIZATIONS DEDICATED TO IMPROVING THE ADMINISTRATION

OF JUSTICE.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
THE ORGANIZATION HAS VOLUNTARY MEMBERSHIP CONSISTING OF 146 MEMBERS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

ONE-THIRD (1/3) OF THE BOARD IS ELECTED BY THE MEMBERSHIP OF THE DELAWARE

STATE BAR ASSOCIATION.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 WAS DISTRIBUTED TO THE FOUNDATION'S FINANCE COMMITTEE AND ENTIRE BOARD OF DIRECTORS FOR REVIEW, PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

Page 2

Schedule O (Form 990) 2009

Name of the organization

DELAWARE BAR FOUNDATION

Employer identification number 51-0259923

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BOARD MEMBERS SIGNED OFF ON THE CONFLICT OF INTEREST POLICY, AND DURING

REGULAR MEETINGS, THE BOARD MEMBERS REVIEW AND DISCUSS THE CONFLICTS OF

INTEREST POLICY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY AND COMPENSATION IS APPROVED BY

THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE FOUNDATION MAKES COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICIES, FORM 990, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON
REQUEST. ADDITIONALLY, THE BOARD HAS COPIES OF THE DOCUMENTS REFERRED TO
ABOVE.

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenue	Service		
If you are to	filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
<ul> <li>If you are f</li> </ul>	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of t	his form)	
•	ete Part II unless you have already been granted an automatic 3-month extension on a previously	•	3
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee		
A corporation i	required to file Form 990-T and requesting an automatic 6-month extension—check this box and co	omplete	
Part I only			▶ ∐
All other corpo	rations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request	an extension o	f
-	ome tax returns		
Electronic Fili	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens	sion of time to f	ile
	irns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file		
	f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069,		1
-	omposite or consolidated Form 990-T Instead, you must submit the fully completed and signed pa		
	e details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities &	-	1 01111
	. *- "	1	
Type or	Name of Exempt Organization	Employe	er identification number
print	DELYMPE DAD ENIMONION	E1_0	259923
File by the due date for	DELAWARE BAR FOUNDATION	1 31-0	239923
filing your	Number, street, and room or suite no. If a P.O. box, see instructions.		
return See	100 W. 10TH STREET 106		
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions		
	WILMINGTON DE 19801		
	return to be filed (file a separate application for each return)		П
<b>X</b> Form 99			Form 4720
Form 99			Form 5227
Form 99	0-EZ Form 990-T (trust other than above)		Form 6069
☐ Form 99	0-PF		Form 8870
If the orga If this is for the whole go a list with the until O for the co	FAX No ► 302-658-5212  Inization does not have an office or place of business in the United States, check this box or a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box	If this is and attach	▶ []
2 If this ta	x year is for less than 12 months, check reason  Initial return Final return Ch	ange in accoun	ting period
3a If this ap	oplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
-	nonrefundable credits. See instructions	3a	\$
	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		
	its made. Include any prior year overpayment allowed as a credit	3b	\$
_	e Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,		-
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	]	
· •	See instructions	3c	<b>\$</b>
	u are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Fo		•
for payment in			
	ct and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev 4-2009

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