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Department of the Treasure

## 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)

Open to Public

OMB No 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection JUL 1. 2009 and ending JUN 30, A For the 2009 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization ISE IRS label or Address change THE FLORIDA BAR FOUNDATION, print or Name change type 59-1004604 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin 50 S. ORANGE AVENUE 600P 407-843-0045 Instruc. Amende return tions 71,859,359. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-ORLANDO, FL 32801-3362 H(a) Is this a group return nendino F Name and address of principal officer: JANE ELIZABETH CURRAN ]Yes ເX No for affiliates? 250 S. ORANGE AVE, STE 600P, ORLANDO, FL H(b) Are all affiliates included? ∐Yes ∭No I Tax-exempt status. X 501(c) (3 ) (insert no.) ☐ 4947(a)(1) or ☐ If "No," attach a list. (see instructions) J Website: WWW.FLABARFNDN.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association L Year of formation: 1956 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE FLORIDA BAR Governance FOUNDATION, INC., A PHILANTHROPIC ORGANIZATION FOUNDED BY FLORIDA Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 33 Number of voting members of the governing body (Part VI, line 1a) 33 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 25 5 5 Total number of employees (Part V, line 2a) Ō 6 6 Total number of volunteers (estimate if necessary) 0. 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a O. b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 8,756,805. 12,976,471. Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g) <5,621,794. 3,661,715. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,010. 11,259. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,429,779. 7,366,687. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 33,487,141. 37,092,944. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,098,936. 2,007,359. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 508,840. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,984,789. 3,224,012. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 38,718,512. 42,176,669. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <31,351,825.><29,746,890.> Revenue less expenses Subtract line 18 from line 12 20,0 **Beginning of Current Year End of Year** 92,115,210. 116,479,495. 20 Total assets (Part X, line 16) 16,255,522. 17,393,548. 21 Total liabilities (Part X, line 26) 100,223,973. 74. 721,662. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here LOU ANN POWELL, CHIEF FINANCIAL OFFICER 0 Type or print name and title Preparer's identifying number (see instructions) Preparer's Paid 5-11-11 signature employed Preparer's Firm's name (or AVERETT, WARMUS ET AL., EIN ▶ yours if self-employed), Use Only NAC 1417 EAST CONCORD STREET

ORLANDO, FL 32803

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

May the IRS discuss this return with the preparer shown above? (see instructions)

617

X Yes No

Form 990 (2009)

Phone no.  $\triangleright 407 - 849 - 1569$ 

(Expenses \$ Including grants of \$
4e Total program service expenses ▶\$ 38,083,618.

Other program services (Describe in Schedule O.)

			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_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	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	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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	Х	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			l i
	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, VIII, 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 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			
	Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			
	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ا ا		v
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	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 to individuals	40		v
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
10	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? If "Yes,"	10		Х
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If "Ves " complete Schedule H	19 20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		000 (	

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Form 990 (2009) THE FLORIDA BAR FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

	The state of the dailed continued of the state of the sta			
			Yes	No
21			١.,	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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	Х	
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			v
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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	0.5		Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	056		Х
00	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	26		Х
07	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		11
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	27		х
20	Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
28	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
·	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		Х
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		Х
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 <sup>9</sup> If "Yes," complete Schedule R, Part I	33		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	Х	
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		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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	<u> </u>
		Form	990 (	2009)

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		_	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 14			-
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ŧ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		`	
	(gambling) winnings to prize winners?	1c	_X_	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			1
	filed for the calendar year ending with or within the year covered by this return . 2a 25			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			Ī
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	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 account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country:			ļ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			ĺ
_	Tax Shelter Transaction?	5c		
ba	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
_	any contributions that were not tax deductible?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C.L		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			1
Ü	provided to the payor?	7a		x
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del></del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	ł		
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  N/A	7g		L
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? N/A	7h		L
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			ĺ
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?  N/A	_8_		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	_		ł
	Did the organization make any taxable distributions under section 4966?  N/A	9a	_	
_	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b		
10	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  N/A 10a			
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			ĺ
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			İ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ĺ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A			
			000	(2000)

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.

Sęc	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	1a		33			•••••
þ	Enter the number of voting members that are independent	1b		33	l		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o 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	e direc	t supervision				
	of officers, directors or trustees, or key employees to a management company or other person?				3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 996	) was filed?	<u> </u>	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?			5		X
6	Does the organization have members or stockholders?			<u>_</u>	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers	of the				
	governing body?			<del> </del>	7a	<del></del> -	<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	sons?		ļ	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year				
	by the following:						
а	The governing body?			<b></b>	3a	X	
b	Each committee with authority to act on behalf of the governing body?			<u> </u>	3b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the				3.7
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	e Code )		T	1	
				Г.	$\dashv$	Yes	No_X
	Does the organization have local chapters, branches, or affiliates?			1	0a		
þ	If "Yes," does the organization have written policies and procedures governing the activities of such	chapte	ers, affiliates,		۱.		
	and branches to ensure their operations are consistent with those of the organization?				0b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ing th	e torm?		11		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13			<u> </u>	2a	^	
þ	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise					Х	
	to conflicts?	W "		1	2b	Λ_	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "	res,	aescribe	١.	20	Х	
12	In Schedule O how this is done			<u> </u>	2c	X	
13	Does the organization have a written whistleblower policy?			_	14	X	
14 15	Does the organization have a written document retention and destruction policy?	al by in	danandant		-		
13	Did the process for determining compensation of the following persons include a review and approva- persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ai Oy ii	dependent				
_	The organization's CEO, Executive Director, or top management official				5a	х	
	Other officers or key employees of the organization		-		5b	X	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			<b>-</b>	<u></u>		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	/ith a				
u	taxable entity during the year?	,		1	6a	Ì	Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	luate r	ts participation	-		-	
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization						
	exempt status with respect to such arrangements?			1	6ь		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶FL						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(	c)(3)s only) ava	allable fo	r		
	public inspection. Indicate how you make these available Check all that apply	. ,					
	X Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict	of interest po	licy, and	fina	ncıal	
	statements available to the public		•	-			
20	State the name, physical address, and telephone number of the person who possesses the books ar	nd rec	ords of the org	ganızatıo	n: 🕨		
	JANE E. CURRAN, EXECUTIVE DIRECTOR - 407-843-0045						
	250 SOUTH ORANGE AVENUE, SUITE 600P, ORLANDO, FL	328	01-3340				

# 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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not co	(B)		., 011		) )	,		(D)	(E)	(F)
Name and Title	Average			Pos			1. A	Reportable	Reportable	Estimated
	hours per week	Individual frustee or director	lnstitutional trustee	c all 1		Highest compensated Operation		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
A. I. STONE, ESQ. NON-EXECUTIVE/PRESIDENT		Х						0.	0.	0.
J. A. NOLAND, ESQ.										
NON-EXECUTIVE/PRES.ELECT	<del></del>	X	_			├		0.	0.	0.
M. K. CUMMINGS, ESQ. NON-EXECUTIVE/1ST VP		Х						0.	0.	0.
MARIA E. HENDERSON NON-EXECUTIVE/2ND VP		Х						0.	0.	0.
K. S. MCLEROY, ESQ. NON-EXECUTIVE/PAST PRES.		Х						0.	0.	0.
HON. R. K. WHITEHEAD DIRECTOR		Х						0.	0.	0.
M. DOWNS, ESQ DIRECTOR		Х		-				0.	0.	0.
S. L. BADGER, III, ED.D DIRECTOR		X						0.	0.	0.
L. J. GOVONI DIRECTOR		X						0.	0.	0.
HON. T. S. WILSON, JR. DIRECTOR		X						0.	0.	0.
J. G. WHITE, III, ESQ.										
DIRECTOR		X						0.	0.	0.
J. B. CULPEPPER DIRECTOR		х						0.	0.	0.
J. H. DINER, ESQ. DIRECTOR		Х						0.	0.	0.
C. ALONSO, ESQ. DIRECTOR		х						0.	0.	0.
M. M. FIELDS DIRECTOR	-	X		-			<u> </u>	0.	0.	0.
M. A. BANDER, ESQ. DIRECTOR		X						0.	0.	0.
R. R. PARDO, ESQ. DIRECTOR		X				+	-	0.	0.	0.
DIRECTOR 922007 02-04-10		Λ		Ц	l			<u> </u>	0.	Form <b>990</b> (2009)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Reportable Name and title Average Position Reportable Estimated hours (check all that apply) compensation compensation amount of per from from related other Individual trustee or director organizations compensation week the organization (W-2/1099-MISC) from the Institutional trustee (W-2/1099-MISC) organization and related Officer organizations A. J. CARRIUOLO, ESO. 0. 0. DIRECTOR X 0. J. C. PATTERSON, JR, ESQ 0. X 0. 0. DIRECTOR D. C. MACKENZIE, ESQ. 0. X 0. 0. DIRECTOR S. R. ROST, ESQ. 0. X 0 0 DIRECTOR M. G. BRENNER, ESQ. 0. 0. X 0. DIRECTOR V. H. LEONARD, ESQ. 0. 0. 0. X DIRECTOR D. E. THOMAS, ESQ. DIRECTOR X 0. 0. 0. J. C. JARAMILLO, ESQ. X 0. 0. 0. DIRECTOR M. A. MCGRANE, III, ESQ. DIRECTOR Х 0. 0. 0. HON. E. R. THOMPSON, JR. X 0. 0. 0. DIRECTOR 642,930. 125,496. 1b Total

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

Х 3 line 1a? If "Yes." complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization Х and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to X 5 the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors** 

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

(A) Name and business address	(B) Description of services	(C) Compensation
CENTER FOR LEGAL AID EDUCATION, 89 SOUTH	TRAINING/LEADERSHIP	<del></del>
STREET, SUITE 404, BOSTON, MA 02111	INITIATIVE	317,000.
MORGAN STANLEY SMITH BARNEY, INC., 195		
BROADWAY, 18TH FLOOR, NEW YORK, NY 10007	INVESTMENT ADVISORS	281,760.
THE RESOURCE FOR GREAT PROGRAMS, INC.,	IOTA PROGRAM	
3055 CASS RD, STE 102-B, TRAVERSE CITY, MI	CONSULTING	243,801.
PS TECHNOLOGIES, INC., 1327 NORTH	GRANTS MGMT SOFTWARE	
MILWAUKEE AVENUE, CHICAGO , IL 60622	CONSULTING	201,800.
AVERETT WARMUS DURKEE OSBURN HENNING		
1417 EAST CONCORD STREET, ORLANDO, FL 32803	ACCOUNTING SERVICES	126,663.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 in compensation from the organization > 5		
	A COMMINION MICON	

No

**Business Code** 

900099

900099

Miscellaneous Revenue

11 a ANNUAL DINNER

d All other revenue

**b** MISCELLANEOUS

e Total. Add lines 11a-11d

Total revenue. See instructions

11,145.

11,259.

11,145.

11,259.

12429779.

114.

# Part IX Statement of Functional Expenses

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

	Section 501(c)(3) All other organizations must comp		tions must complete all		(D).
` Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	25 706 202	25 706 202		
_	organizations in the U.S. See Part IV, line 21	35,706,203.	35,706,203.		
2	Grants and other assistance to individuals in	1 206 741	1 206 741		
	the U.S. See Part IV, line 22	1,380,741.	1,386,741.		<del></del>
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,	591,539.	19,418.	572,121.	
•	trustees, and key employees	391,339.	19,410.	3/2,121.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,173,226.	112,618.	807,914.	252,694.
7	Other salaries and wages	1,1/3,220.	112,010.	007,914.	232,094.
8	Pension plan contributions (include section 401(k)	65,155.	77.	48,622.	16 456
^	and section 403(b) employer contributions)	145,025.	517.	123,747.	16,456. 20,761.
9 10	Other employee benefits	123,991.	10,306.	94,759.	18,926.
10	Payroll taxes	123,771.	10,500.	74,133.	10,720.
11	Fees for services (non-employees)				
a	Management	1,413.		1,413.	
b	Legal	112,332.		112,332.	
	Accounting	59,578.		59,578.	
	Lobbying Professional fundraising services See Part IV, line 17	337370.		37,370.	<del></del>
e f	Investment management fees	380,570.		380,570.	<del></del>
	Other	300/370.		300/3701	· · · · · · · · · · · · · · · · · · ·
g 12	Advertising and promotion	9,306.		4,520.	4,786.
13	Office expenses	224,558.	220.	145,645.	78,693.
14	Information technology	167,650.	2200	144,550.	23,100.
15	Royalties	10,7000		111,000	20/1001
16	Occupancy	235,483.		235,483.	<del></del>
17	Travel	85,530.	6,105.	53,541.	25,884.
18	Payments of travel or entertainment expenses		3,200		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	126,726.		94,090.	32,636.
20	Interest	12,428.		12,428.	
21	Payments to affiliates	51,036.		51,036.	· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization	163,800.		163,800.	
23	Insurance	30,058.	159.	29,899.	
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	GRANT PROG. DEVELOPMENT	747,609.	747,609.	• • • • • • • • • • • • • • • • • • • •	
b	PROFESSIONAL FEES	417,917.	79,395.	308,152.	30,370.
c	CHARITABLE CONTRIBUTION	50,000.	,	50,000.	<u> </u>
ď	REIMBURSED EXPENSES	46,618.		45,618.	1,000.
e	DUES AND SUBSCRIPTIONS	27,903.	-	26,513.	1,390.
f	All other expenses	34,274.	14,250.	17,880.	2,144.
25	Total functional expenses. Add lines 1 through 24f	42,176,669.	38,083,618.	3,584,211.	508,840.
26	Joint costs. Check here   if following			-	<u> </u>
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
					Form <b>990</b> (2009)

Pa	rt X	Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing		200.	1	200.
	2	Savings and temporary cash investments	_	39,044,751.	2_	36,064,097.
	3	Pledges and grants receivable, net		2,767,534.	3	2,618,942.
	4	Accounts receivable, net	16,162.	4	23,532.	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe	es. Complete Part II			
		of Schedule L		i	5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete			
		Part II of Schedule L		6		
S	7	Notes and loans receivable, net		448,880.	7	523,970.
Assets	8	Inventories for sale or use		"	8	
ĕ	9	Prepaid expenses and deferred charges		142,619.	9	190,535.
	10a	Land, buildings, and equipment: cost or other	1 1			
	ł	basis. Complete Part VI of Schedule D	$ _{10a} $ 1,036,019.			
	ь	Less: accumulated depreciation	10ы 339,690.		10c	696,329.
	11	Investments · publicly traded securities		70,004,030.	11	47,771,232.
	12	Investments · other securities. See Part IV, line	1,452,699.	12	3,991,475.	
	13	Investments · program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	1,858,594.	15	234,898.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	116,479,495.	16	92,115,210.
	17	Accounts payable and accrued expenses		311,892.	17	440,011.
	18	Grants payable	13,827,156.	18	14,759,054.	
	19	Deferred revenue	2,039,641.	19	2,114,592.	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete	Part IV of Schedule D	13,176.	21	12,562.
Liabilities	22	Payables to current and former officers, director	rs, trustees, key employees,			
iab		highest compensated employees, and disqualif	ed persons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties	60.655	24	
	25	Other liabilities. Complete Part X of Schedule D		63,657.	25	67,329.
	26	Total liabilities. Add lines 17 through 25		16,255,522.	26	17,393,548.
		Organizations that follow SFAS 117, check he	ere X and complete			
ses		lines 27 through 29, and lines 33 and 34.		100 000 045		74 (5) 1(4
auc	27	Unrestricted net assets		100,099,045.	27	74,653,164.
Net Assets or Fund Balances	28	Temporarily restricted net assets	•	124,928.	28	68,498.
pu	29	Permanently restricted net assets			29	
교		Organizations that do not follow SFAS 117, c	heck here 🕨 🔛 and			
õ	1	complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
ét	32	Retained earnings, endowment, accumulated in	come, or other funds	100 222 072	32	74 721 662
	33	Total net assets or fund balances		100,223,973. 116,479,495.	33	74,721,662.
	34_	Total liabilities and net assets/fund balances		110,4/3,433.	34	92,115,210.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1,	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O	ŧ.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			ĺ
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	l
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
ď	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:			
	Separate basis X Consolidated basis Both consolidated and separate basis	ŀ		ĺ
За	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		L
		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

2009

Open to Public Inspection

Name of the organization

THE FLORIDA BAR FOUNDATION, INC.

Employer identification number 59-1004604

Part 1	Reason	for Public Cha	rity Status (Ali organiz	zations mu	st complet	e this par	t.) See ins	tructions.				
he organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1	A church, cor	nvention of churche	s, or association of chur	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(ī)	١.				
2	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								-
з 🔲			ital service organization	•	ın section	170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(i	ii). Enter th	ne hospita	l's nam	ne,
	city, and stat				•				•	•		·
5			benefit of a college or u	niversity ov	wned or or	erated by	a governi	mental un	t describe	d in		
• —	-	(b)(1)(A)(iv). (Compl				,	J					
6			nent or governmental unr	t describer	d in sectio	n 170(h)/1	)/ <b>Δ</b> \/ <sub>4</sub> \					
7	-		ceives a substantial part					r from the	oeneral o	ublic desc	enhad (	'n
<i>,</i> —	-	b)(1)(A)(vi). (Comple		or its supp	ort nom a	governine	antai unit c	n nom the	, general p	abile desc	AIDCG I	
в 🗀	-		section 170(b)(1)(A)(vi).	(Complete	Part II \							
9 X	-		ceives: (1) more than 33	-		om oantr	hutions n	aomhorah	n food on	d arono ro	cointo	from
3 [.41	-		nctions - subject to certa									
		· ·										
			axable income (less sect	lion on ita	x) Ironi bu	511162262	icquired b	y the orga	unzanon a	iter June C	JU, 191	J.
10		509(a)(2). (Complet	•	at for aubli	o oofaty C	oo coatia	n 500(a)//	• •				
10	-	•	perated exclusively to te perated exclusively for the		-				v out the r	ournocce (	of one	or
11												Oi
	-	• •	ations described in secti				:). See <b>Se</b> (	stion sosi	aj(S). Che	ok the box	tinat	
			organization and compl	Typ			ograted		4	Type III - 0	Othor	
- [	a Type I		• •			-	-	r mara dia		• •		
e			at the organization is not									111
		-	than one or more publicly						9(a)(1) 01 S	ection 50s	3(a)(Z).	
f	_		tten determination from t	me ino ma	анквату	ре і, туре	ii, or Type	# III				
		rganization, check t				fram an.	of the fall		7			
g			organization accepted ar								Yes	No
	•	-	directly controls, either al	one or tog	ether with	persons c	escribed	in (ii) and i	iii) below,	44~(3)	+	INO
	_	• •	supported organization?	,						11g(i)		<del>                                     </del>
		•	n described in (i) above?		-0					11g(ii)		<u> </u>
		•	a person described in (i)							11g(iii)	ــــــــــــــــــــــــــــــــــــــ	Ц
h	Provide the to	ollowing information	about the supported or	ganization	(S).							
	<del></del>		(iii) Type of	Vivi) la tha a		(w) Did you		(vi) l:	the			
	of supported	(ii) EIN	organization		organization sted in your			organizáti	on in col		mount o	)Ť
orga	inization		(described on lines 1-9		document?			(i) organiz U S	ed in the	Sup	pport	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(555 11101125110110))	103	140		110	100	110			
				1								
		<u> </u>		<u> </u>	<del> </del>				1			
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	<del></del> -	<del> </del>		<del> </del>	ļ			<u> </u>	<del>                                     </del>			

	•						
Sch	edule A (Form 990 or 990-EZ) 2009						Page <b>2</b>
	art # Support Schedule for C	Organizations	s Described in	Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	
	(Complete only if you checked	the box on line 5	5, 7, or 8 of Part i.)	)			
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 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 furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				,		
	governmental unit or publicly	-					
	supported organization) included						
	on line 1 that exceeds 2% of the					,	
	amount shown on line 11,						
	column (f)	<del> , </del>					
	Public support. Subtract line 5 from line 4		<u>L</u>		1		
	ction B. Total Support		T	· ··	<del></del>	T	<del></del>
	endar year (or fiscal year beginning in)▶_	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				ļ <u></u>		
8	Gross income from interest,						
	dividends, payments received on			-			
	securities loans, rents, royalties		}				
	and income from similar sources			<u> </u>			<del></del>
a	Not income from unrelated business		1		1	1	

	and income from similar sources							
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instructi	ons)			12		
13	First five years. If the Form 990 is for	the organization's	s first, second, thii	d, fourth, or fifth to	ax year as a sectio	n 501	(c)(3)	
	organization, check this box and stop	here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2009 (l	ine 6, column (f) d	ivided by line 11, o	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 o	rganization did no	t check the box or	ı line 13, and line 1	4 is 33 1/3% or m	ore, c	check this box and	
	stop here. The organization qualifies	as a publicly supp	orted organization	ı				
b	33 1/3% support test - 2008.If the o	rganization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or m	ore, check this box	
	and stop here. The organization qual	ifies as a publicly :	supported organiz	ation				
17a	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not d	heck a box on line	13, 16a, or 16b, a	nd lin	e 14 is 10% or mor	e,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop h	ere. Explain in Pa	rt IV h	ow the organization	1
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a	publicly supported	d organization			ightharpoons
b	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, a	nd line 15 is 10% oi	
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	ın Pa	art IV how the	
	organization meets the *facts-and-circ		-					ightharpoons
40	Driver de de constant de de la constant de	مبلممتاء فمسلمناه من	hau aa luaa 10 16	- 165 17- av 171	ahaali thia bay a		a la sta lationa	$\blacksquare$

Part # | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part !!) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 67657999. 75298003. 46951112. 12976471. 8756805.211640390 include any "unusual grants.") 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 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 67657999.75298003.46951112.12976471. 8756805.211640390 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 211640390 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 67657999.75298003.46951112.12976471 8756805.211640390 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 3889904. 2214630.16415744. 1296819. 5225968. 3788423. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 3788423. 2214630.16415744. 1296819. 3889904. 5225968. c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital 10,355. 12,820. 8,110. 11,705. 11,259. assets (Explain in Part IV) 68965173.79196017.52189900.16776599.10982694.228110383 13 Total support (Add lines 9, 10c, 11, and 12) 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 92.78 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 93.97 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 7.20 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 6.00 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 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  $\triangleright [X]$ 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 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 did not check a box on line 14, 19a, or 19b, check this box and see instructions

							his part to provide the ex				0; Part II, line 17		
	and [	Part I	II, line 12.	Provide a	ny other a	dditiona	l information. See instruc	ctions.					
SCHEDUI	ĿΕ	Α,	PART	III,	LINE	12,	EXPLANATION	FOR	OTHER	INCOME:			
ANNUAL	DI	NN]	ER										
MISCELI	.ΔN	EΩ	is				<del>-</del>						
11100222										<del></del>			
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				<del></del>									
			<del></del>	<del></del>				<del></del>			<del></del> -		
				<del></del>	<del></del>				<del></del>				

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

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

#### If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Name of orga	u i (c)(4), (5), or (6) organizat nization	ions: Complete Part III.		Emp	loyer identification number
		RIDA BAR FOUNDAT	ION, INC.		59-1004604
Part I-A		anization is exempt und		) or is a section 527 o	
1 Provide	a description of the organiz	ation's direct and indirect politic	cal campaign activities	in Part IV.	
	expenditures			. • \$	S
3 Voluntee	r hours				
				1401	····
Part I-B		anization is exempt und			
	•	ncurred by the organization und		<b>&gt;</b> \$	· <del></del>
	· · · · · · · · · · · · · · · · · · ·	ncurred by organization manag		<b>▶</b> \$	Yes No
-		n 4955 tax, did it file Form 4720	for this year?		Yes No
	orrection made?				tes No
Part I-C	describe in Part IV.	anization is exempt und	ler section 501(c	), except section 501	(c)(3).
		by the filing organization for se			
		zation's funds contributed to ot			
	function activities			<b>▶</b> -9	3
•		. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L.	
line 17b				▶ \$	3
4 Did the f	iling organization file Form	1120-POL for this year?			Yes No
	• •	ployer identification number (El	IN) of all section 527 p	olitical organizations to which	ch payments were made
		ne amount paid from the filing o			
that wer	e promptly and directly deli	vered to a separate political org	anization, such as a se	eparate segregated fund or	a political action committee
(PAC). If	additional space is needed	, provide information in Part IV.	-:		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter 0.	contributions received and promptly and directly
				fullas il florie, effici 30°.	delivered to a separate
					political organization.
					If none, enter -0
		······································			

 $\label{eq:continuous} \textbf{For Privacy Act and Paperwork Reduction Act Notice}, see the Instructions for Form 990 or 990-EZ.$ 

Schedule C (Form 990 or 990-EZ) 2009

LHA

Schedule C (Form 990 or 990-EZ) 2009					1004604 Page 2
Part II-A Complete if the orga		mpt under section	on 501(c)(3) and file	ed Form 5768	
(election under sect	ion 501(h)).			<del></del>	·
A Check Filing organizati	=				
B Check Lul if the filing organizati	on checked box A ar	nd "limited control" pr	ovisions apply.		1
	s on Lobbying Expe tures" means amou	nditures ınts paid or incurred	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influe	ence a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lin	es 1a and 1b)				
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	(add lines 1c and 1c	<del>d</del> )			
f Lobbying nontaxable amount. Enter	the amount from the	e following table in bo	th columns		
If the amount on line 1e, column (a) or	(b) is. The lob	bying nontaxable an	ount is:		1
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000.	000 \$100,00	00 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	00 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,0	00,000 \$225,00	00 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)		_		
h Subtract line 1g from line 1a If zero	or less, enter -0-		_		
i Subtract line 1f from line 1c If zero	or less, enter -0-		L	.=	<u> </u>
j If there is an amount other than zero	o on either line 1h or	line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	ear?				Yes No
, ,	tions that made a s	• •	r Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					<del> </del>
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots celling amount	······································				
(150% of line 2d, column (e))					
(10070 01 1110 20) 00101111 (0))			1		<del>                                     </del>
f Grassroots lobbying expenditures					<u> </u>

Schedule C (Form 990 or 990-EZ) 2009 THE FLORIDA BAR FOUNDATION, INC. 59-100460 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, nation	onal, state or		
local legislation, including any attempt to influence public opinion on a legis	lative matter		
or referendum, through the use of:			
a Volunteers?	<u>X</u>		
<b>b</b> Paid staff or management (include compensation in expenses reported on	ines 1c through 1i)?		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		16.
e Publications, or published or broadcast statements?	· ·	X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislat	ive body? X		63,928.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any	sımılar means?	X	
i Other activities? If "Yes," describe in Part IV		X	60 044
j Total. Add lines 1c through 1i			63,944.
2a Did the activities in line 1 cause the organization to be not described in sec	ion 501(c)(3)?	X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers un	der section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for		7 ) (=)	
Part III-A Complete if the organization is exempt under sec	tion 501(c)(4), section 501	(c)(5), or s	ection
501(c)(6).			1 V - 1 N-
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members.		1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or		2	<u> </u>
3 Did the organization agree to carryover lobbying and political expenditures	from the prior year?	3	<u> </u>
Part III-B Complete if the organization is exempt under sec			
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answ "Yes."	ered "No" OK IT Part III-A	, line 3 is i	answered
Dues, assessments and similar amounts from members		1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not in	clude amounts of political		
expenses for which the section 527(f) tax was paid).	•		
a Current year		2a	
b Carryover from last year		2b	
c Total		2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductib	le section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line			
does the organization agree to carryover to the reasonable estimate of non-			
expenditure next year?	, , ,	4	
5 Taxable amount of lobbying and political expenditures (see instructions)		5	
Part IV Supplemental Information		•	
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-E	, line 4, Part I-C, line 5; and Part I	I-B, line 1ı. Al	so, complete this part
for any additional information.	, , , , ,		
LOBBYING ACTIVITIES WERE IN CONGRESS TO	SECURE/INCREASE F	UNDING	FOR THE
LEGAL SERVICES CORPORATION AND IN THE FLO	ORIDA LEGISLATURE	TO MA	INTAIN
			•
FUNDING FOR THE FLORIDA ACCESS TO CIVIL	LEGAL ASSISTANCE	ACT IN	THE
2010-11 FLORIDA STATE BUDGET.			
•			

# 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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE FLORIDA BAR FOUNDATION, INC.

Employer identification number 59-1004604

Pa	rt I	<b>Organizations Maintaining Donor Advise</b>	d Funds or Other Similar Fund	s or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	gate contributions to (during year)		
3		gate grants from (during year)		
4	Aggre	egate value at end of year		
5		e organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
		e organization's property, subject to the organization's		Yes No
6		e organization inform all grantees, donors, and donor a		e used only
		aritable purposes and not for the benefit of the donor of		•
		missible private benefit?	,	Yes No
Pai		Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	
1		ose(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		tified historic structure
		Preservation of open space		
2		plete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	-	f the tax year.		
	,	•		Held at the End of the Tax Year
а	Total	number of conservation easements		2a
b	Total	acreage restricted by conservation easements		2b
С		per of conservation easements on a certified historic str	ucture included in (a)	2c
d		per of conservation easements included in (c) acquired	, ,	2d
3		per of conservation easements modified, transferred, re		e organization during the tax
	vear		,	
4	Numb	per of states where property subject to conservation ea	sement is located >	
5		the organization have a written policy regarding the per		-
		ons, and enforcement of the conservation easements i		Yes No
6	Staff	and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year ▶
7	Amou	int of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8		each conservation easement reported on line 2(d) above		' <del>-</del>
		ection 170(h)(4)(B)(ii)?	, .	Yes No
9	In Par	t XIV, describe how the organization reports conservati	ion easements in its revenue and expens	e statement, and balance sheet, and
	ıncluc	le, if applicable, the text of the footnote to the organizar	tion's financial statements that describes	s the organization's accounting for
	conse	ervation easements.		
Pa	rt III	<b>Organizations Maintaining Collections o</b>		Other 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	t to report in its revenue statement and t	palance sheet works of art, historical
	treası	ures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide, in Part XIV, the text of
	the fo	otnote 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 balai	nce sheet works of art, historical treasures,
	or oth	er similar assets held for public exhibition, education, o	or research in furtherance of public servic	e, provide the following amounts relating to
	these	items:		
	(i) R	evenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) A	ssets included in Form 990, Part X		► \$ ► \$
2	If the	organization received or held works of art, historical tre	asures, or other similar assets for financi	
	the fo	llowing amounts required to be reported under SFAS 1	16 relating to these items:	
а	Reve	nues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Asset	s included in Form 990, Part X		► \$ ► \$

		RIDA BAR F								1 Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, c	or Other	r Simil	<u>ar Asse</u>	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	t are a sig	nıficant	use of its	collection	n items
	(check all that apply):									
а	Public exhibition	c		Loan or exc	hange progra	ıms				
b	Scholarly research	•	• 🔲	Other		_				
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ney further t	he organizatio	on's exem	pt purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er sımılar a	assets			
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's co	ollection?		_		Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if org	anization ar	nswered 'Yes	to Form	990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	s or other as	sets not in	ncluded	-		<u> </u>
	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:						
		·	_						Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21?					X	Yes	No
	If "Yes," explain the arrangement in Part XIV.								_	
Par			nswered	"Yes" to Fo	rm 990, Part	IV, line 10				-
	•	(a) Current year		rior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance									<del></del>
	Contributions			1			~~~~~			•••••
	Net investment earnings, gains, and losses		i							
	Grants or scholarships									
	Other expenditures for facilities									
•	and programs								İ	
f	Administrative expenses	<del></del>								
g	End of year balance				·		***************************************			
2	Provide the estimated percentage of the year	r end balance held a	I		<u> </u>					
	Board designated or quasi-endowment	Toria balarios nota t	%							
	Permanent endowment	%	^							
	· · · · · · · · · · · · · · · · · · ·	^%								
	Are there endowment funds not in the posse	· •	ation tha	at are held a	nd administe	red for the	e organiz	zation		
Ju	by:	ocion of the organiz		at 010 11010 u	na aanminoto	100 101 111	o gaini		Γ	Yes No
	(i) unrelated organizations								3a(i)	100 100
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the	•							المستنتال	
Par					, Part X, line 1	10				
<b>L</b>	Description of investment	(a) Cost or c			or other		cumulate	ed	(d) Book	value
	,	basis (investr			(other)		eciation	I	=	•
1a	Land					i				<del> </del>
	Buildings									
	Leasehold improvements			2	0,744.		10,9	48.		796.
	Equipment				1,310.		93,3			7,961.
	Other			82	3,965.	2	35,3	93.		3,572.
	Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	Y colun				· · · · · ·	ightharpoonup		5,329.

(a) Description of security or category (including name of security)	(b) Book value	Cos	<b>(c)</b> Method of valu st or end-of-year ma	
Financial derivatives				
Closely-held equity interests				
Other				
	+			
	<del>                                     </del>	-		
	<del>                                     </del>			
			<del></del>	
	<del> </del>			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12 )	<u> </u>			
Part VIII Investments - Program Related.	See Form 990, Part X, lin	e 13.	<del></del>	
(a) Description of investment type	(b) Book value	Cos	(c) Method of valu st or end-of-year ma	
	<del> </del>	·		
	<del> </del>			
	<del> </del>			
	<u> </u>			
		-		
Fotal. (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶				
Part IX Other Assets. See Form 990, Part X, lin	e 15.			· · · · · · · · · · · · · · · · · · ·
(a	) Description			(b) Book value
			•	
				<del>                                     </del>
				<del>                                     </del>
F-1-1 (O-1 (h)	1F \		<b>&gt;</b>	
Total. (Column (b) must equal Form 990, Part X, col (B) III				
Part X Other Liabilities. See Form 990, Part >	iiie 25	(b) Amount	<u> </u>	
(a) Description of liability	-	(b) Amount		
Federal income taxes		67 220		
CAPITAL LEASE OBLIGATIONS		67,329.		
		<del></del>		
		67,329.	j.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Name of the organization THE FT.ORT	FT.ORTDA BAR FC	FOUNDATION. I	INC				Employer identification number $59-1004604$
Part 1 General Information on Grants and Assistance	ind Assistance	1					
1 Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for mon	toring the use of grant	funds in the United	d States.			J
_	Governments an	d Organizations in the	• United States. C	complete if the organization	anization answered "Y	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government assistance (e) EIN (f)  (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	fr IV and Schedule I-I (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ACLU FOUNDATION OF FLORIDA, INC. 4500 BISCAYNE BLVD. SUITE 340 MIAMI, FL 33137	23-7137529	501(C)(3)	32,500.	.0			PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN PLORIDA
	38-3519708	501(C)(3)	13,000.	0			GRANTS TO LAW SCHOOLS FOR PUBLIC SERVICE WORK BY LAW STUDENTS
BARRY UNIVERSITY SCHOOL OF LAW 6441 EAST COLONIAL DRIVE ORLANDO, FL 32807	59-0624364	501(c)(3)	.005,300.	* 0			GRANTS TO LAW SCHOOLS FOR PUBLIC SERVICE WORK BY LAW STUDENTS
BAY AREA LEGAL SERVICES, INC. 2ND FLOOR 829 W. M. K. JR. TAMPA, PL. 33603	59-1171886	501(C)(3)	1,539,929.	.0			LEGAL ASSISTANCE FOR THE POOR
BREVARD COUNTY LEGAL AID, INC. 1038 HARVIN WAY SUITE 100 ROCKLEDGE, FL 32955	59-1301750	501(C)(3)	388,446.	. 0			LEGAL ASSISTANCE FOR THE POOR
CHILDREN'S HOME SOCIETY OF FLORIDA, INC 1485 S. SEMORAN BLVD, SUITE 1402 - WINTER PARK, FL 32792	59-0192430	501(C)(3)	20,000.	.0			PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA
<ul> <li>2 Enter total number of section 501(c)(3) and government organizations</li> <li>3 Enter total number of other organizations</li> </ul>	and government or s	rganizations					▶ 56. ▶ 1.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009

INC. THE FLORIDA BAR FOUNDATION, Schedule I (Form 990) 2009

Page 2

59-1004604

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) FOR LEGAL ASSISTANCE FOR THE POOR THE FOUNDATION FOLLOWS ON FORMS THESE VISITS Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. GENERAL SUPPORT AND CERTAIN OTHER LEGAL ASSISTANCE FOR THE POOR ONGOING SPECIFIED NO FOUNDATION A NARRATIVE REPORT AND A FISCAL REPORT SUBMIT (d) Amount of non-cash assistance Ö o ö Ö Ø GRANTEES, PERIODIC ON-SITE PEER REVIEW VISITS ARE CONDUCTED. WITHIM QE E REQUIRED 293,150 102,500 115,500 GRANTEE, 875,591 (c) Amount of cash grant RESULT IN WRITTEN REPORTS PROVIDED TO THE GRANTEES. IS EACH FOUNDATION THE GRANT PERIOD, 194 40 S (b) Number of IN ADDITION, recipients ASSISTANCE/FORGIVENESS TO LAW SCHOOL GRADUATES EMPLOYED BY QUALIFIED LEGAL AID ORGANIZATIONS. EQUAL JUSTICE WORKS PROGRAM CLASS OF 2008-10 EQUAL JUSTICE WORKS PROGRAM CLASS OF 2009-11 2: GRANT FUNDS. END OF (a) Type of grant or assistance LAW SCHOOL EDUCATIONAL DEBT REPAYMENT LINE Ĭ THE SUMMER FELLOWSHIP PROGRAM PART THE OF TIME FOLLOWING EXPENDITURE BY Η SCHEDULE PROVIDED Part IV

ARE MADE IN THE ON-SITE PEER REVIEW REPORTS

UP WITH THE GRANTEES WHEN SUGGESTED OR REQUIRED PERFORMANCE IMPROVEMENTS

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

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009
Open to Public Inspection

2008 Open to Pu

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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)

OMB No 1545-0047 Open to Public

Inspection **Employer identification number** 

59-1004604

Part ! | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II ) INC. THE FLORIDA BAR FOUNDATION, Name of the organization

ADMINISTRATION OF JUSTICE ADMINISTRATION OF JUSTICE SCHOOLS FOR PUBLIC SERV. EGAL ASSISTANCE FOR THE LEGAL ASSISTANCE FOR THE LEGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE PROJECTS TO IMPROVE THE ROJECTS TO IMPROVE THE WORK BY LAW STUDENTS (h) Purpose of grant or assistance POOR; GRANTS TO LAW IN FLORIDA IN FLORIDA POOR POOR POOR SOOR POOR (g) Description of non-cash assistance (book, FMV, appraisal, other) (f) Method of valuation ö o o. ٥. Ö °. o Ö (e) Amount of assistance (d) Amount of cash grant 1,835,073 1 088 460 170,300. 157,590 5,385,033 48,950, 545,261 947 961 STATE OF FLORIDA (c) IRC section if applicable 501(C)(3) 59-3719602 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 59-1860154 65-0177616 59-1878598 59-2537003 20-1290907 65-0610872 59-1436126 (p) EIN SERVICES, INC. - 14260 W. NEWBERRY COLLEGE OF LAW - 11200 SW 8 STREET ASSOCIATION, INC. - 2874 REMINGTON FLORIDA EQUAL JUSTICE CENTER, INC. INC. - 3000 BISCAYNE BLVD., SUITE GREENE CIRCLE STE A - TALLAHASSEE, FLORIDA IMMIGRANT ADVOCACY CENTER 3750 MIAMI TOWER 100 S.E. 2ND ST FLORIDA INTERNATIONAL UNIVERSITY FLORIDA JUSTICE INSTITUTE, INC. ROAD, SUITE 412 - NEWBERRY, FL FLORIDA LAW RELATED EDUCATION FLORIDA LEGAL SERVICES, INC. (a) Name and address of organization or government FLORIDA INSTITUTIONAL LEGAL MARC 430 - MIAMI, FL 33199 FLORIDA PARTNERS IN CRISIS MERRITT ISLAND, FL 32952 FL 32303 FL 33137 2425 TORREYA DRIVE LAKELAND, FL 33802 175 MARLIN DRIVE MIAMI, FL 33131 P.O. BOX 24688 TALLAHASSEE, 400 - MIAMI, FL 32308 32669

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Vame of the organization

► 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 2009 Inspection

**Employer identification number** 59-1004604

ADMINISTRATION OF JUSTICE GRANTS TO LAW SCHOOLS FOR EGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE LEGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE LEGAL ASSISTANCE FOR THE PROJECTS TO IMPROVE THE PUBLIC SERVICE WORK BY (h) Purpose of grant or assistance AW STUDENTS IN FLORIDA POOR SOOR 00 X 00 R POOR POOR (g) Description of non-cash assistance Part ! Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) appraisal, other) (f) Method of (book, FMV, valuation ٥. ο. Ö Ö ö ö ö Ö (e) Amount of non-cash assistance 1,296,302, 65,000. 53 900 184,650. 345,150 149,853, 277 474 (d) Amount of cash grant 2,031,842 THE FLORIDA BAR FOUNDATION, INC. STATE OF FLORIDA STATE OF FLORIDA (c) IRC section if applicable 501(c)(3) 59-6215748 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 59-1225173 59-1961248 59-1961248 59-1961248 59-2124958 52-2372998 59-1882749 (b) EIN 3RD OF LAW - 425 WEST JEFFERSON STREET OF LAW - 425 WEST JEFFERSON STREET FLORIDA RURAL LEGAL SERVICES, INC. FLORIDA STATE UNIVERSITY COLLEGE FLORIDA STATE UNIVERSITY COLLEGE 1801 N. UNIVERSITY DR. 3RD FLOOR COUNTY, INC. - 8300 NW 53RD ST., FLORIDA STATE UNIVERSITY CENTER SOCIETY, INC. - 550 E. DAVIDSON RIGHTS - 97 SOUTH WOODARD AVE, FLORIDA'S CHILDREN FIRST, INC. GULFCOAST LEGAL SERVICES, INC. FLOOR - TALLAHASSEE, FL 32306 FOR THE ADVANCEMENT OF HUMAN GUARDIANSHIP PROGRAM OF DADE (a) Name and address of organization or government STREET - BARTOW , FL 33830 HEART OF FLORIDA LEGAL AID - MIAMI, FL 33166 ST. PETERSBURG, FL 33701 - TALLAHASSEE, FL 32306 - TALLAHASSEE, FL 32306 CORAL SPRINGS, FL 33071 641 FIRST STREET SOUTH LAKELAND, FL 33802 P.O. BOX 24688 STE 402

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Name of the organization

► 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)

OMB No 1545-0047
2009
Open to Public
Inspection

THE FLORIDA BAR FOUNDATION, INC.

Employer identification number 59-1004604

Part 1 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	111)	
(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORICAL MUSEUM OF SOUTHERN FLORIDA - 11TH JUDICIAL CIRCUIT - 101 W. FLAGLER ST - MIAMI, FL 33130	59-0968005	501(C)(3)	10,000.	0.			PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA
HIV EDUCATION AND LAW PROJECT, INC 935 PENNSYLVANIA AVE, SUITE 101 - MIAMI BEACH, FL 33139	65-0528634	501(C)(3)	71,000.	0.0			LEGAL ASSISTANCE FOR THE POOR
INNOCENCE PROJECT OF FLORIDA, INC. 1100 E. PARK AVENUE TALLAHASSEE, FL 32301	20-0210812	501(C)(3)	312,159.	.0			PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA
JACKSONVILLE AREA LEGAL AID, INC. 126 WEST ADAMS STREET JACKSONVILLE, FL 32202	59-0696291	501(C)(3)	2,195,365.	0			LEGAL ASSISTANCE FOR THE POOR
LAWYERS FOR CHILDREN AMERICA 200 S. BISCAYNE BLVD., STE 4000 MIAMI, FL 33131	06-1412355	501(C)(3)	199,100.	0.			LEGAL ASSISTANCE FOR THE POOR
LEE COUNTY LEGAL AID SOCIETY, INC. P.O. BOX 9205 FT. MYERS, FL 33902	59-1163686	501(c)(3)	88,652.	0.			LEGAL ASSISTANCE FOR THE POOR
LEGAL ADVOCACY CENTER OF CENTRAL FLORIDA, INC 310 MAGNOLIA AVENUE - SANFORD, FL 32771	59-2013486	501(C)(3)	1,005,885,	0			LEGAL ASSISTANCE FOR THE POOR
LEGAL AID FOUNDATION OF THE TALLAHASSEE BAR ASSOCIATION - 301 SOUTH MONROE STREET - TALLAHASSEE, FL 32301	59-2355881	501(C)(3)	65,830.	0.			LEGAL ASSISTANCE FOR THE POOR
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice	s, see the Instructions	s for Form 990.				Schedule I-1 (Form 990) 2009

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

Continuation Sheet for Schedule I (Form 990)

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

formation for

OMB No 1545-0047
2009
Open to Public

Open to Pt Inspection Employer identification number

EGAL ASSISTANCE FOR THE LEGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE LEGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE (h) Purpose of grant or assistance 59-1004604 900R POOR 00R 00 R 00R OOR POOR (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation °. ٥. Ö ö 0 o o (e) Amount of non-cash assistance (d) Amount of cash grant 297,878. 1,428,505, 1,880,948, 2,704,297 1,383,399 773,215 664,373 INC. (c) IRC section if applicable THE FLORIDA BAR FOUNDATION, 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 65-0265426 59-6046994 59-1547191 59-0197090 59-1208322 59-1817996 59-1227481 (P) EIN COUNTY, INC. - 491 N. STATE ROAD 7 COUNTY BAR ASSOCIATION, INC. - 100 EAST ROBINSON STREET - ORLANDO, FL INC. - 3000 BISCAYNE BLVD., SUITE NORTHWEST FLORIDA LEGAL SERVICES, LEGAL SERVICES OF GREATER MIAMI, LEGAL SERVICES OF NORTH FLORIDA LEGAL AID SOCIETY OF PALM BEACH LEGAL AID SOCIETY OF THE ORANGE COUNTY, INC. - 423 FERN STREET, STE. 200 - WEST PALM BEACH, FL LEGAL AID SERVICE OF BROWARD (441) - PLANTATION, FL 33317 (a) Name and address of organization or government INC. - 701 SOUTH J STREET -LEGAL AID OF MANASOTA, INC. 1900 MAIN STREET, STE 302 TALLAHASSEE, FL 32303 - MIAMI, FL 33137 2119 DELTA BOULEVARD PENSACOLA, FL 32502 Name of the organization SARASOTA, FL 34236 Part 33401

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

59-1083502 501(C)(3)

COLLEGE AVENUE - FT. LAUDERDALE

FL 33314

SHEPARD BROAD LAW CENTER - 3305

NOVA SOUTHEASTERN UNIVERSITY

Schedule I-1 (Form 990) 2009

GRANTS TO LAW SCHOOLS FOR

PUBLIC SERVICE WORK BY

LAW STUDENTS

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

Name of the organization

► 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)

THE FLORIDA BAR FOUNDATION, INC.

OMB No. 1545-0047
2009
Open to Public
Inspection

Employer identification number 59-1004604

Part f Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II )	Assistance to Go	vernments and Organ	izations in the Un	ited States (Sche	dule I (Form 990), Par	t II )	;
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEMINOLE COUNTY BAR ASSOCIATION LEGAL AID SOCIETY, INC 101 W. PALMETTO AVENUE - LONGWOOD, FL 32750	59-1591554	501(C)(3)	197,291.	.0			LEGAL ASSISTANCE FOR THE POOR
SOUTHERN LEGAL COUNSEL, INC. 1229 N.W. 12TH AVENUE GAINSVILLE, FL 32601	59-1726382	501(C)(3)	688,158.	.0			LEGAL ASSISTANCE FOR THE POOR
SPANISH AMERICAN LEAGUE AGAINST DISCRIMINATION, INC 900 SW 1ST ST, UNIT 202 - MIAMI, FL 33130	59-2017670	501(C)(3)	.000,28	0			LEGAL ASSISTANCE FOR THE POOR
ST. THOMAS UNIVERSITY SCHOOL OF LAW - 16401 N.W. 37TH AVENUE - MIAMI GARDENS, FL 33504	59-0949880	501(C)(3)	57,400.	.0			GRANTS TO LAW SCHOOLS FOR FUBLIC SERVICE WORK BY LAW STUDENTS
STETSON UNIVERSITY COLLEGE OF LAW 1401 61ST STREET SOUTH GULFPORT, FL 33707	59-0624416	501(C)(3)	.005,500.	.0			GRANTS TO LAW SCHOOLS FOR PUBLIC SERVICE WORK BY LAW STUDENTS
THE FLORIDA BAR 651 E. JEFFERSON STREET TALLAHASSEE, FL 32399	59-0614712	STATE OF FLORIDA	10,000.	0			PROJECTS TO IMPROVE THE ADMINSTRATION OF JUSTICE IN FLORIDA
THE FLORIDA BAR YOUNG LAWYERS DIVISION - 651 E. JEFFERSON STREET - TALLAHASSEE, FL 32399	59-0614712	STATE OF FLORIDA	27,000.	.0			PROJECTS TO IMPROVE THE ADMINSTRATION OF JUSTICE IN FLORIDA
THE FLORIDA SUPREME COURT 500 SOUTH DUVAL STREET TALLAHASSEE, FL 32399	59-6001874	STATE OF PLORIDA	114,862.	0.			PROJECTS TO IMPROVE THE ADMINSTRATION OF JUSTICE IN PLOIRIDA

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009 RANTS TO LAW SCHOOLS FOR LEGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE EGAL ASSISTANCE FOR THE PUBLIC SERVICE WORK BY OMB No 1545-0047 Open to Public (h) Purpose of grant or assistance OOR; GRANTS TO LAW SERVICE WORK BY LAW SCHOOLS FOR PUBLIC Inspection Employer identification number 59-1004604 AW STUDENTS POOR POOR (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) valuation (book, FMV, appraisal, other) (f) Method of ► 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) ٥. 0 0 0 (e) Amount of assistance non-cash (d) Amount of cash grant 430,777 43,115 248,000 583,399 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 23-7405773 STATE OF FLORIDA (c) IRC section if applicable THE FLORIDA BAR FOUNDATION, 501(C)(3) 501(C)(3) 501(C)(3) 26-0181144 59-1797499 59-0624458 (P) EIN THE NORTH PLORIDA CENTER FOR EQUAL BOULEVARD - TALLAHASSEE, FL 32303 COLLEGE OF LAW - P.O. BOX 14412 901 N.W. 8TH AVENUE, STE D-5 (a) Name and address of organization or government UNIVERSITY OF FLORIDA LEVIN THREE RIVERS LEGAL SERVICES 1311 MILLER DRIVE, STE F305 JUSTICE, INC. - 2121 DELTA CORAL GABLES, FL 33146 GAINSVILLE, FL 32604 GAINSVILLE, FL 32601 UNIVERSITY OF MIAMI Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

See separate instructions.

2009

Open to Public Inspection

Name of the organization

THE FLORIDA BAR FOUNDATION, INC.

➤ Attach to Form 990.

Employer identification number 59-1004604

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
Ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ť	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		,	
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row-(ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C)	(Q)	(E)	(7)
(A) Name		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)·(D)	Compensation reported in prior Form 990 or Form 990-EZ
NAGOLIO G GIAN	€ (	146,698.	00	1,268.	21,903.	9,812.	179,681.	171,155.
i	€	158,60	0	0	23,66	9,385.	191,655.	184,513.
PAUL DOYLE	€		0	0			0	0.
מפאפאנוס גם אדם	€ (	156,73	0	229.	17,472.	5,162.	179,602.	152,601.
TIM BACHMEYER	€ :	>	)	)	>	•	0	0
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# **SCHEDULE J-2**

(Form 990)

# **Continuation Sheet for Form 990**

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See the Instructions for Form 990.

Inspection

Name of the Organization

THE FLORIDA BAR FOUNDATION, INC.

Employer Identification number 59-1004604

Part I Continuation of Officers, D									t Compensated	
(A)	(B)				) )		.,	(D)	(E)	(F)
Name and title	Average hours	(cl		Pos all			oly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
J. W. COLE, ESQ. DIRECTOR		X						0.	0.	0.
M. J. FAEHNER, ESQ. DIRECTOR		x						0.	0.	
P. N. KABLER, ESQ. DIRECTOR		х						0.	0.	0.
G. F. KNOX, JR., ESQ. DIRECTOR		X						0.	0.	0.
D. M. KRUSBE, ESQ. DIRECTOR		х						0.	0.	0.
L. C. MARLIN, ESQ. DIRECTOR		Х						0.	0.	0.
HON. M. L. CRENSHAW DIRECTOR		х						0.	0.	0.
D. M. HALSEY, ESQ. DIRECTOR		х						0.	0.	0.
JANE E. CURRAN *EXECUTIVE DIRECTOR/CEO	50.00			х				147,966.	0.	31,715.
*LOU ANN POWELL CHIEF FINANCIAL OFFICER	50.00			х				115,893.	0.	25,164.
*CAROL WHERRY SEC./ASS'T TO EXEC DIR.	37.50			х				63,501.	0.	12,930.
PAUL DOYLE DIR. LAP/LSA GRANTS TIM BACHMEYER	50.00				Х			158,602.	0.	33,053.
DIR. OF DEVELOPMENT	40.00					X		156,968.	0.	22,634.
JANE E. CURRAN, LOU ANN POWE	LL, AND	CAR	OL	Α.	W	HEI	RY	ARE EXECUTIVE	OFFICERS OF	THE FOUNDATIO
WHO DO NOT SIT ON THE GOVE	RNING BO	ARI								
						<u> </u>				
	<u> </u>					L	<u> </u>			

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE FLORIDA BAR FOUNDATION,

**Employer identification number** 59-1004604

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LAWYERS AND THE SUPREME COURT OF FLORIDA, IS TO PROVIDE GREATER ACCESS
TO JUSTICE. THE FOUNDATION WILL ACCOMPLISH ITS MISSION PRIMARILY
THROUGH FUNDING OF PROGRAMS WHICH EXPAND AND IMPROVE REPRESENTATION AND
ADVOCACY ON BEHALF OF LOW-INCOME PERSONS IN CIVIL LEGAL MATTERS;
IMPROVE THE FAIR AND EFFECTIVE ADMINISTRATION OF JUSTICE; AND PROMOTE
SERVICE TO THE PUBLIC BY MEMBERS OF THE LEGAL PROFESSION BY MAKING
PUBLIC SERVICE AN INTEGRAL COMPONENT OF THE LAW SCHOOL EXPERIENCE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXPAND AND IMPROVE REPRESENTATION AND ADVOCACY ON BEHALF OF LOW-INCOME
PERSONS IN CIVIL LEGAL MATTERS; IMPROVE THE FAIR AND EFFECTIVE
ADMINISTRATION OF JUSTICE; AND PROMOTE SERVICE TO THE PUBLIC BY MEMBERS
OF THE LEGAL PROFESSION BY MAKING PUBLIC SERVICE AN INTEGRAL COMPONENT
OF THE LAW SCHOOL EXPERIENCE.
FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT OF THE FLORIDA BAR
FOUNDATION IS MARRIED TO THE PRESIDENT OF THE FLORIDA BAR. WHATEVER
INDIVIDUAL IS THE PRESIDENT OF THE FLORIDA BAR, AUTOMATICALLY IS A MEMBER
OF THE FLORIDA BAR FOUNDATION'S BOARD OF DIRECTORS BY DESIGNATION.
FORM 990, PART VI, SECTION A, LINE 7B: THE FLORIDA SUPREME COURT MUST
APPROVE CHANGES TO THE ORGANIZATION'S GOVERNING DOCUMENTS.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 FOR THE FOUNDATION'S

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE FLORIDA BAR FOUNDATION, INC.

Employer identification number 59-1004604

NON-EXECUTIVE OFFICERS AND DIRECTORS BEFORE FILING. NON-EXECUTIVE OFFICERS AND DIRECTORS WERE ASKED TO ACKNOWLEDGE RECEIPT OF THE FORM 990 AND INVITED TO CONTACT THE CEO OR CFO WITH ANY OUESTIONS OR CONCERNS.

FORM 990, PART VI, SECTION B, LINE 12C: THE FOUNDATION'S WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY WITH THE NON-EXECUTIVE OFFICERS, DIRECTORS AND STAFF. THE CONFLICT OF INTEREST POLICY IS LISTED ON THE WRITTEN AGENDA AND A COPY INCLUDED WITH THE WRITTEN MATERIALS FOR ALL THE REQUIREMENTS OF THE POLICY ARE POINTED COMMITTEE AND BOARD MEETINGS. OUT BY THE CHAIR OF EACH COMMITTEE AND BY THE PRESIDENT AT EACH MEETING OF A COMMITTEE OR THE BOARD OF DIRECTORS. EXECUTIVE COMMITTEE MEMBERS, AND NON-EXECUTIVE OFFICERS AND DIRECTORS (THE ONLY TWO GROUPS AUTHORIZED TO ACT FOR THE FOUNDATION) DISCLOSE ANY CONFLICT WITH AN ITEM ON WHICH THE EXECUTIVE COMMITTEE OR THE BOARD OF DIRECTORS TAKES ACTION CONTEMPORANEOUSLY WITH THE VOTE ON SUCH ITEMS. ABSTENTIONS ARE RECORDED IN THE MINUTES OF THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS. ADDITION, OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUESTED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST IN CONJUNCTION WITH THE PRESENTATION OF THE FOUNDATION'S ANNUAL FORM 990 VIA A QUESTIONNAIRE REVIEWED BY MANAGEMENT.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR IS BASED ON COMPARABLE DATA FROM THE COUNCIL ON FOUNDATIONS FOR THE SOUTHEAST UNITED STATES AND BY A SURVEY OF CEOS/EXECUTIVE DIRECTORS OF SIMILAR ORGANIZATIONS (IOLTA ANNUAL SALARY SURVEY). COMPENSATION IS REVIEWED ANNUALLY BY A COMMITTEE APPOINTED BY THE FOUNDATION'S PRESIDENT TO EVALUATE THE CEO/EXECUTIVE DIRECTOR AND ACTED ON ANNUALLY BY THE BOARD OF Schedule O (Form 990) 2009 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009 Open to Public Inspection

Name of the organization

THE FLORIDA BAR FOUNDATION, INC.

Employer identification number 59-1004604

DIRECTORS.
COMPENSATION FOR OTHER EXECUTIVE OFFICERS (TREASURER/CFO AND
SECRETARY/ASSISTANT TO THE EXECUTIVE DIRECTOR) IS SET ANNUALLY BY THE
CEO/EXECUTIVE DIRECTOR. SUCH COMPENSATION IS REVIEWED ANNUALLY BY THE
FINANCE & AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR INCLUSION IN THE
COMING YEAR'S OPERATING BUDGET. THE OPERATING BUDGET IS APPROVED ANNUALLY
BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S FORM 990, FORM
1023, GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST
POLICY ARE AVAILABLE, WITHOUT CHARGE, UPON REQUEST IN PERSON OR BY
TELEPHONE, MAIL, E-MAIL, OR REQUEST THROUGH OUR WEBSITE.
FORM 990, PART XI, LINE 2C:
THE FOUNDATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION
PROCESS FROM PRIOR YEAR.
INCOLOR INTO INTO INTO INTO INTO INTO INTO INTO
FORM 990, PART I, LINE 22:
RECONCILIATION
THE PRECEDING YEAR'S ENDING NET ASSETS OR FUND BALANCES OF \$100,223,973
RECONCILES TO THE ENDING NET ASSETS OR FUND BALANCES OF \$74,721,662 FOR
THE CURRENT YEAR BY SUBTRACTING THE LOSS (REVENUE LESS EXPENSES) OF
<\$29,746,890>, CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS OF <\$614>,
AND BY ADDING UNREALIZED GAINS ON SECURITIES OF \$4,145,265, AND UNSPENT
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2009 932211 02-03-10

Supplemental Information to Form 990

Department of the Treasury

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

OMB No 1545-0047 Open to Public

Attach to Form 990. Inspection Internal Revenue Service Name of the organization **Employer identification number** 59-1004604 THE FLORIDA BAR FOUNDATION, INC. GRANT FUNDS OF \$99,928. FORM 990, PART IV, LINE 34 AND SCHEDULE R, PART V, LINE 2: THE FLORIDA BAR FOUNDATION ENDOWMENT TRUST (RELATED ORGANIZATION) MAY ONLY SUPPORT THE CHARITABLE ACTIVITIES OF THE FLORIDA BAR FOUNDATION. FOUNDATION STAFF HANDLE ITS LIMITED THE ENDOWMENT HAS NO EMPLOYEES. FISCAL AND ADMINISTRATIVE ACTIVITIES, INCLUDING COLLECTING CONTRIBUTIONS MADE TO THE ENDOWMENT AND TRANSFERRING THE CASH TO THE ENDOWMENT'S INVESTMENTS.

SCHEDULE R (Form 990)
Department of the Trea Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No '1545-0047 2009

(Form 990) Department of Internal Revenue	the Treasury le Service	<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>Attach to Form 990.</li> </ul>	es" to Form 990, Part IV, line 33, 3  ▶ See separate instructions.	3, 34, 35, 36, or 37 ins.		Open to Public Inspection
Name o'	zation	THE FLORIDA BAR FOUNDATION, INC.			Emp	Employer identification number 59-1004604
Part I	Identification of Disregarded Entities (Complete If the organization		answered "Yes" to Form 990, Part IV, line 33.)			
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete If to organizations during the tax year.)	ions (Complete if the organization an	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 becaus	e it had one or more re	lated tax-exempt

(4)	Direct controlling entity	N/A		
(e)	Public charity status (if section 501(c)(3))	11 TYPE 1 N		
(p)	Exempt Code section	501(C)(3)		
(c)	Legal domicile (state or foreign country)	FLORIDA		
(q)	Primary activity	TO PROVIDE SUPPORT TO THE FLA BAR FOUNDATION TO CARRY ON IT EXEMPT PURPOSES		
(a)	Name, address, and EIN of related organization	THE FLORIDA BAR FOUNDATION ENDOWMENT TRUST - TO PROVIDE 59-6972443, 250 SOUTH ORANGE AVENUE, STE FLA BAR FOL 600P, ORLANDO, FL 32801-3362		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

932161 02-04-10

59-1004604 Page 2

Schedule R (Form 990) 2009 THE FLORIDA BAR FOUNDATION, INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)	(j) General or managing partner? Yes No
Part ty Identification of Related Or, organizations treated as a co	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	poration or x year.)	<b>Trust</b> (Complete if t	the organizati	on answered "Ye	s" to Form 990, P	art IV, line 34	because It	had one or more r	elated
(a) Name, address, and EIN of related organization	NIE	P. P.	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	g Type of entity (C corp. S corp, or trust)	(f) Share of total income		(g) Share of Perend-of-year ow	(h) Percentage ownership
				:						
		1 1							330,	
										,
932162 07-21-10								Sch	Schedule R (Form 990) 2009	90) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?			1	:
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		19	<b> </b>	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		4	×	
c Gift, grant, or capital contribution from other organization(s)		10	-	×
d Loans or loan quarantees to or for other organization(s)		14		×
		4		×
		1;	T	>
1 Sale of assets to other organization(s)			Ì	: ۲
g Purchase of assets from other organization(s)		19		×
h Exchange of assets		ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)		ij		×
			-	
i Lease of facilities, equipment, or other assets from other organization(s)		Ţ		×
beformance of sentines or membership or fundrations for other organization(s)		2	×	
		=		×
			×	
a Sharing of paid amplyages		ţ	×	
			;	
			1	>
		2,	1	د >
p Keimbursement paid by other organization for expenses		d L	-	4
			>	
<b>q</b> Utner transter of cash of property to other organization(s)		Ξ,	<	>
2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds.	=		4
	Sacrical cilications:		l	
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	volvec	75
(1) THE FLORIDA BAR FOUNDATION ENDOWMENT TRUST	В	51		.036.
WHE FLORIDA BAR FOUNDATION ENDOWMENT TRUST	C	210	210.817.	17.
	K			
(3)				
(4)				
(5)		,		Ì
(9)				
932163 02-04-10	Schec	Schedule R (Form 990) 2009	(066	5009

59-1004604

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Schedule R (Form 990) 2009 THE FLORIDA BAR FOUNDATION, INC.

Part Vf Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a)	(q)	(0)	(G)	(e)	E	(e)	3
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share of end-of-	Ļ c	Code V-UBI	
of entity		(state or foreign country)	organizations?	year assets		of Schedule K-1 (Form 1065)	partner?
			3				
			_				
						-	
							_
				_			
							_

Form 8868 (Rev	4-2009)		Page 2			
If you are filtr	g for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	х	<b>▶</b> X			
Note. Only con	plete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 8	3868.			
• If you are fill	g for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part #	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies n	eeded).			
Type or Na	ne of Exempt Organization	Empi	oyer identification number			
	FLORIDA BAR FOUNDATION, INC.	5	9-1004604			
CALCITAGA	nber, street, and room or suite no. If a P.O. box, see instructions.  S. ORANGE AVENUE, NO. 600P	For IF	RS use only			
return See Crt	, town or post office, state, and ZIP code. For a foreign address, see instructions.  ANDO, FL 32801-3362	:				
X Form 990 Form 990		Fc	orm 5227 Form 8870 orm 6069			
STOP! Do not	complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	d Form 8868.			
	JANE E. CURRAN, EXECUTIVE DIRECTOR - 25 re in the care of ► AVENUE, SUITE 600P - ORLANDO, FL 32801-	0 S 334	OUTH ORANGE 0			
Telephone N	o.▶ 407-843-0045 FAX No. ▶					
	ation does not have an office or place of business in the United States, check this box		<b>▶</b> □			
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)						
box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for						
	an additional 3-month extension of time until	<b>TT 13.</b> T	20 2010			
			30, 2010			
6 If this tax	year is for less than 12 months, check reason.	Ш	Change in accounting period			
	etail why you need the extension IONAL TIME IS NEEDED TO OBTAIN INFORMATION NECESS	λDV	TO DDEDARE A			
	IONAL TIME IS NEEDED TO OBTAIN INFORMATION NECESS ETE AND ACCURATE RETURN.	WIL	TO FREFARE A			
	blication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
•	dable credits. See instructions.	8a	\$			
2000	plication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	- 50				
•	ents made Include any prior year overpayment allowed as a credit and any amount paid					
	y with Form 8868.	8b	\$			
	Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit					
	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	s N/A			
	Signature and Verification					
	f perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the and complete, and that I am authorized to prepare this form	best o	f my knowledge and belief,			
Signature >	Title ► CHIEF FINANCIAL OFFICER	Date	<u> </u>			

Form 8868 (Rev 4-2009)