

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545 0047

2010

Open to Public Inspection

	F OT (I	e zu iu calendar year, or	tax year beginning		, zu iv, and endin	<u>g</u>	,		
В	Check	applicable		···	<u> </u>	D Empl	oyer Identif	cation Number	,
	Ad	dress change Califor	nia Bar Founda	tion		94	-31045	46	
	X		ard Street				hone numbe		
	\vdash	San Fra	ncisco, CA 941	05		A1	5-856-	0780	
	\vdash	rminated				7-1	3 030	0700	
	\vdash	i						07	0 000
	\vdash	nended return	l address of access and officer	Toglio T	Tananian T		receipts \$		8,928.
			address of principal officer	Leslie T.		H(a) Is this a group ret		— ⊨ I'	es X No
_			C Above			H(b) Are all affiliates in If 'No,' attach a lis		uctions) Y	es No
<u> </u>	Tax-	exempt status X 501(c)(3)		✓ (insert no.)	4947(a)(1) or 527		,		
J	Wel		rfoundation.org	g		H(c) Group exemption	number 🟲		
K	Form	of organization X Corporatio	n Trust Associati	on Other >	L Year of Format	ion 1989 M	State of led	al domicile C	Ä
Pa	art I	Summary			•				_
	1	Briefly describe the organ	nization's mission or m	ost significant act	tivities The Cali	fornia Bar	Founda	tion is	
60		catalyst for bu	ilding a bette:	r justice s	vstem for all	Californian	s T	n 2010	the
Activities & Governance	'	Foundation_award	ded \$322.000 i	n scholarsh	ins to Califor	nia law stu	dents	שטע תידאי קיירי	_ <u></u>
Ë	'	\$301,000 in gra	nts to project:	s championi	ng access to t	he justice	evete	_ 	
Š	2	Check this box ► if t	the organization discor	tinued its operation	ons or disposed of mo	re than 25% of its	net ass	#	
ŏ		Number of voting member					3	C (J	27
وي و		Number of independent v					4		26
₽	5	Total number of individua	als employed in calenda	ar year 2010 (Par	t V, line 2a)		5		3
훝	6	Total number of voluntee	rs (estimate if necessa	ry)	•		6		40
ĕ	7a	Total unrelated business	revenue from Part VIII	, column (C), line	12		7a		0.
	b	Net unrelated business ta	axable income from For	rm 990-T, line 34			7 b		0.
						Prior Year		Current	Year
•	8	Contributions and grants	(Part VIII, line 1h)			986,	521.	93	5,794.
ž	9	Program service revenue	(Part VIII, line 2g)						
Revenue	10	nvestment income (Part	VIII, column (A), lines	3, 4, and 7d)		-481,		3	1,349.
ď		Other revenue (Part VIII,					300.		7,047.
		Total-revenue add line:			umn (A), line 12)	512,	649.	97	4,190.
	13	Grants and similar amoul	nts paid (Part IX, colum	nn (A), lines 1-3)		585,	652.	62	3,588.
	14	Benefits paid to or for me	mbers (Part IX, colum	n (A), line 4)					
	15	Salarlığı other compensa	ition employee benefit	s (Part IX, columi	n (A), lines 5-10)	303,	400.	25	3,559.
993		Professional fundraising f							-,
Expenses		Total for death and the state of the state o	Control of the contro	-ty, line i rey	107 (05				
X.		Total fundraising expense	S (Part IX, column (D)	, line 25) 🏲	127,695.			 	
		other expenses (Parlix,				162,		14	<u>0,549.</u>
	18	Total expenses Add lines	៊ារីទី17 (must equal Pa	rt IX, column (A),	Ine 25)	1,051,	591.	1,01	<u>7,696.</u>
	19	Revenue less expenses	Subtract line 18 from li	ne 12		-538,	942.	-4	3,506.
A Or						Beginning of Curre	nt Year	End of	rear .
15	20	Total assets (Part X, line	16)			1,686,	054.	1,773	3,120.
ŠĎ.	21	Total liabilities (Part X, lir	ne 26)			22,			5,035.
Net Asse Fund Beli	22 [Net assets or fund balanc	es. Subtract line 21 fro	m line 20		1,663,	763	1.74	8,085.
Pa	rt II `	Signature Block						<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
		· · · · · · · · · · · · · · · · · · ·	e examined this return, includir	no accompanying sched	ules and statements, and to the	he hest of my knowledg	e and helief	it is true, corre	ect and
com	plete De	es of perjury, I declare that I have claration of preparer (other than o	officer) is based on all informat	tion of which preparer h	as any knowledge	l l		, it is true, cont	,ci, and
		Yan is	HUTTUL	-		5/10/	71		
Sig	n	Signature of officer	. X			Date			
Hei	re	Leslie Ha	tamina(.) Exc	cutive Dive	ctor				
		Type or print name and		W. W. W. W. I.	VIV			_	
		Print/Type preparer's name	reparer's	signature	Date	1 Chask T	, PT	IN	
D-:	_		1 10	signature Sty + Lan	wa 5/6	Check L	J"		
Pai		5:m's name		PAs		self employ	ea _		
Tre	parei Only				 		/-		
US	- Only		Telegraph Ave			Firm's EIN			
			and, CA 94612-		<u> </u>	Phone no	(510)	835-27	
May	the IR	S discuss this return with	the preparer shown a	bove? (see instru	ctions)			X Yes	No_

BAA For Paperwork Reduction Act Notice, see the separate instructions.

	n 990 (2010) California Bar I		94-3104546 Page 2
Pa	rt III Statement of Program Se	rvice Accomplishments	
	Check if Schedule O contains a	response to any question in this Part III	X
1	Briefly describe the organization's miss	sion	
	See Schedule 0		
2	Did the organization undertake any sign	nificant program services during the year which we	ere not listed on the prior
	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services or	n Schedule O	
3	Did the organization cease conducting,	or make significant changes in how it conducts, a	ny program services? Yes X No
	If 'Yes,' describe these changes on Sch		
4	Describe the exempt purpose achievem	nents for each of the organization's three largest pi	rogram services by expenses Section 501(c)(3)
	and 501(c)(4) organizations and section expenses, and revenue, if any, for each	n 4947(a)(1) trusts are required to report the amou	int of grants and allocations to others, the total
	expenses, and revenue, it any, for each	r program service reported	
		405 441	
4 8	(Code _ (Expenses \$		
		n the next generation of Califor	
		ing law students and recent law	
		t law careers and to outstanding	
	<u>communities</u> <u>underreprese</u>	nted in the membership of the St	tate Bar. In 2010, the
		than \$102,500 in Public Interest	
	\$34,000 in Rosenthal Bar	Exam Scholarships to 12 student	s, and more than \$180,000 in
	Diversity Scholarships t	o 28 students.	
41	(Code (Expenses \$	275, 043. including grants of \$ 23	6,248.) (Revenue \$
		full and equal access to the ju	
	financial support to non	profit organizations, courts, th	ne State Bar of California
	and local, specialty, and	d minority bar associations. In	2010 the Foundation awarded
		w-related projects throughout Ca	
		s supporting rural communities a	
	Tables of Teneral Brades		ma ranguage access projects.
	40.1	CC 355	5.000
4 C	(Code	66, 355. including grants of \$ 6	5,000.) (Revenue \$)
		the public about its rights and	
		of the State Bar of California's	
	<u>publications. In 2010, t</u>	the Foundation provided a \$65,00	O grant to the State Bar to
	<u>support the publication o</u>	of Kids & the Law: An A-to-Z Gui	de for Parents, copies of
	which are provided free o	of charge to more than one milli	on children, parents,
	caregivers, and others wh	no work with children over three	years.
4 d	Other program services (Describe in Sc	hedule O)	
	(Expenses \$		(Revenue \$ ')
	Total program service expenses ▶	766,839.	(ricycline y
70	. T. P.		

Form 990 (2010) California Bar Foundation

Part IV | Checklist of Required Schedules

	1		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? (see instructions)	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	_7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I 'Yes,' complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	~		
•	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		X
ı	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	11 b		X
•	c 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	11 c		X
	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	11 d		<u> </u>
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>X</u>
	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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	111		<u>X</u>
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	Х	
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	_	<u>X</u>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
t	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	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 located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	$\cdot \downarrow$	X
b	If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20 Ь		

Form 990 (2010) California Bar Foundation

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	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 ⁷ 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		х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
t	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
i	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	۲. نــا	7.	
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
t	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 (or a family member thereof) was 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		<u>X</u>
	contributions? If 'Yes,' complete Schedule M	30		<u>X</u>
		31	\rightarrow	<u>X</u>
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.		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>X</u>
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)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No			
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		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	_
AA		Form		2010)

Foi	rm 990	(2010)	Cali	for	nia l	Bar 1	Found	dati	.on			_						94-	31045	46		Pa	age
Ρί	art V	Stater	nents	Rega	arding	g Oth	er IRS	S Fili	ngs	and '	Tax	Con	ıplian	ce	-								
	1	Check i	f Sched	lule O	contai	ns a re	espons	e to a	ny qu	estion	ın ti	his <u>Pa</u>	rt V			_							
					_																Ye	s	No
1	l a Ente	er the nu	mber re	porte	d in Bo	x 3 of	Form '	1096	Enter	r -0- if	not	applic	able			1 a				6		T	
	b Ente	er the nu	mber of	f Form	s W-20	G inclu	ided in	line 1	ia En	nter -0	- if n	ot app	licable	:		1ь				0			
	c Did f	the orgai	nization	comp	ly with ze win	backı iners?	up with	holdın	ig rule	es for	repo	rtable	payme	ents to v	endo	rs and	repor	table g	amıng		L c X		
2	a Ente men	er the nu	mber o	f empl	oyees lar vea	reporte	ed on f	Form \	W-3, ⁻ ithin t	Transr	mittal ar co	l of Wa	age an	d Tax St	tate-	2a				3		1	
		least on			•		•			•			•		vmer		eturns			21	ЬΧ	1	
		. If the s				•		•				•		•	•			•			† :	†	
3		the organ							_		-						.0.13)			3	a	1	X
Ì		es' has i						-						-	-					31	+	†	
,		ny time (-		-			-					201 211	thority	ovor o	<u> </u>	1	+	
•	finar	ncial acc es,' ente	ount in	a fore	ign coi	untry (such a	s a ba	ink ac	count	, sec	urities	accou	int, or ot	ther f	inancia	al acc	ount)?	over, a	4:	4	\downarrow	X
		ınstructı				_	-	_) F 90	1.22 1	Ren	ort of	Foreig	n Rank	and F	Financi	al Acc	counte		ᅱ		ł	
_		the orga		_	•								•					Journs		5	-	1	X
Ü		any taxa			-								-	_		•		nn 2		51		+	X
		es,' to lir	-	-	-	_						y io a	promit	meu tax	SHEH	iei iiai	isaciii	311.		50	$\overline{}$	╅	_
																				1-3	╫	+	
E	solic	s the org	ontributi	ons th	at wer	e not t	ax ded	ductible	e ⁷									_		68	a		X
	b If 'Ye	es,' did t lax dedui	he orga	ınızatıd	on incli	ude wi	th ever	ry soli	citatio	on an o	expre	ess sta	atemer	nt that su	uch c	ontribu	ıtıons	or gifts	were	61			
7		anization		nay re	ceive	deduc	tible co	ontrib	ution	s unde	er se	ction	1 70 (c).							<u>"</u>	†	+	
	a Did i	the organ	מחולבדות	recen	/e a na	wmen	t in evo	CASS 0	of \$75	made	nari	thy as	a conti	abution s	and r	artly f	or aoo	hae aha		L	_		
	serv	ices prov	rided to	the pa	ayor	ayıncı	t III CAC	ce33 0	η ψ/ Ο	made	, pari	ily as	a conti	ibution a	and p	artiy it	or god	ius anu		78	3		X
	b If 'Yo	es,' did t	he orga	nızatıd	on noti	fy the	donor	of the	value	e of th	e go	ods or	servic	es provi	ded?					7t	2		
		the orgar n 8282?	nızatıon	sell, e	exchan	ige, or	otherw	vise di	spose	e of ta	ingibl	le pers	sonal p	roperty	for w	hich it	was r	equired	l to file	70	3		Х
	d If 'Yo	es,' ındıc	ate the	numb	er of F	orms	8282 fil	led du	ırıng t	ihe yea	ar				1	7d					\mathbf{I}		
	e Did t	the organ	nızatıon	receiv	e any	funds,	, direct	ly or 1	ndired	ctly, to	pay	prem	iums o	n a pers	sonal	benefi	t cont	ract?					Х
	f Did t	the organ	nization	, durın	g the y	year, p	ay pre	mium	s, dire	ectly o	r ind	lirectly	, on a	persona	l ben	efit co	ntract	7			$oldsymbol{oldsymbol{oldsymbol{oldsymbol{\bot}}}$	\perp	Х
		e organiz equired?	ation re	eceive	d a cor	ntributi	ion of c	qualific	ed int	ellectu	ual pi	ropert	y, dıd t	he orgar	nızatı	on file	Form	8899		7 g	,		
	h If the Form	e organiz n 1098-C	ation re	eceive	d a cor	ntributi	on of c	cars, b	oats,	aırpla	anes,	or oth	ner vet	ncles, di	d the	organ	ıızatıo	n file a		7 h	,		
8	Supp	nsoring or orting or ings at a	ganızat	ion, oi	r a dor	nor adv	donor vised fu	r advis und ma	s ed fu aıntaı	inds a	nds yas	ection ponso	509(a ring or	X3) sup ganızatı	porti i on, h	n g org a ave ex	anizat cess	t ions. D busines	old the	8			
9		nsoring (-				donor	r advis	sed fu	ınds.											T	T	
	•	he organ	-			_					ion 4	966?								9a		7	
		he organ											ated pe	erson?						96	,	1	
10	Secti	ion 501(d	c)(7) or	ganiza	tions.	Enter																7	
	a Initia	tion fees	and ca	apital d	ontrib	utions	ınclude	ed on	Part '	VIII, le	ne 12	2			ļ	10 a							
	b Gros	s receipt	s, ınclu	ded or	n Form	990, I	Part VI	III, fine	e 12, f	for pul	blic L	use of	club fa	cilities		10Ь		-		7			
11	Secti	ion 501 (d	c)(12) o	rganiz	ations	. Ente	r													7	l		
	a Gros	s income	e from r	nembe	ers or s	shareh	olders								Ł	11 a				ļ			,
	b Gross	s income	e from c	ther s	ources	(Do n	ot net	amou	nts di	ue or p	paıd	to oth	er sour	ces		11 Ь				7			٠.
12	_	ion 4947						sts. Is	the o	ırganız	ation	n filina	Form	990 in li	L eu oi		1041	7		12a	1	1-	
		s,' enter			•					_		_			Ī	12b					 	†	7
		on 501(c											J3	,		1				1	1		,
		e organiz	• • • •									than o	ne stat	te?						13a		1-	
		. See the							•						nedul	e O				1	-	1.7	*
		the amo								•						- -					1	1.) 1
	which	n the org	anızatıc	on is li	censec	d to iss	sue qua	alified	healt	h plan	is.	~ ,	514			13Ь				_	4	1	4
	c Enter	the amo	ount of	reserv	es on	hand									- 1	13c							

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14a

14b

Form 990 (2010) California Bar Foundation 94-3104546 Page 6 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1 a b Enter the number of voting members included in line 1a, above, who are independent 26 1h Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents Х 4 since the prior Form 990 was filed? See Sch O 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8Ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Does the organization have local chapters, branches, or affiliates? 10 a Х **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O X 12 c 13 Does the organization have a written whistleblower policy? X 13 Does the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule Q Х 15a b Other officers of key employees of the organization See Schedule O 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 17 List the states with which a copy of this Form 990 is required to be filed ▶ CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply |X | Another's website X Upon request

c	ectio	-	Die	مام		Ī
3	ecuo	II C.	DI:	LIU	Sure	

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

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Frank Bittner 180 Howard Street San Francisco CA 94105 415-856-0780

Form 990 (2010)	California	Rar	Foundation
rom 330 (2010)	Callioinia	Dai	roundation

94-3104546

age 7

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

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee										
(A)	(B)	1						(D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	or director	institutional trustee	Checl Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Mario Camara										
President	4	Х		X				0.	0.	0.
(2) Vivian L. Kral								_	_	
Vice President	2	Х		X			_	0.	0.	0.
(3) Douglas A. Winthrop Vice President	2	х		Х				0.	0.	0.
(4) Mark Parnes					-				····	
Secretary	2	Х		Х				0.	0.	0.
(5) David C. Grove										
Treasurer	2	X		X				0.	0.	0.
_(6) Raul Ayala	•									_
Director	2	Х			-		Н	0.	0.	0.
<u>(7) Ronald L. Blanc</u> Director	2	х						0.	0.	0
(8) Peter R. Boutin		^	-	-			\vdash	<u> </u>	U.	0.
Director	2	х		ļ				0.	0.	0.
(9) Neel Chatterjee								- 0.		
Director	2	х	l					0.	0.	0.
(10) Richard Lee Crabtree				T	一	$\neg \neg$				
Director	2	X						0.	0.	0.
(11) Hon. Marguerite Downing Director	2	х						0.	0.	0.
(12) John C. Fossum			┪		_		\dashv			
Director	_ 2	х	ļ	- 1				0.	0.	0.
(13) Holly J. Fujie										
Director	2	X						0.	0.	0.
(14) Martha K. Gooding Director	2	x						0.	0.	0.
(15) Dean_Hansell			\neg	寸	\neg		\neg			
Director	2	х			- [ı	0.	0.	0.
(16) Joan M. Haratani			\neg	\neg	\top		\neg			
Director	2	Х						0.	0.	0.
און William N. Hebert	Ţ		T	T	T		T			
Director	2	Х						0.	0.	<u> </u>

Page 8

198 Michael O. Kokesh Director Director 2 X O. O. O. O. O.	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)										
CISI Bruce G. Iwasaki											
Compensation Comp	Name and title	Average	Pos	ition ((checl	k all	that a	pply)		Reportable	Estimated
Clay Struce G. Iwasaki Director 2 X		per week	9 5	Ž	Ω	Z e	en E	Fo		compensation from related organizations	
Clay Struce G. Iwasaki Director 2 X		hours for	d vid	Ę	Če	eg	plos	1		(W 2/1099 MISC)	from the
GRIB Bruce G. Twasaki Director D		related	[왕 [Ş		팋	t co				and related
GRIB Bruce G. Twasaki Director D		zations	S	5		yee	₹	1			organizations
GRIB Bruce G. Twasaki Director D		Sch O)	8	ste) Šá				
Director				1 "		İ	e e				
Director		 	├	├—	\vdash	⊢	⊢	_			ļ
G19 Michael O. Kokesh Director 2 X O.		_	١				l				
Director		2	X	<u> </u>		L		_	0.	0.	0.
203 Joan Kupersmith Larkin 2			Ì								
Director	Director	2	X	<u> </u>		乚			0.	0.	0.
2 Number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of Compensation from the organization of independent Contractors	(20) Joan Kupersmith Larkin	1									
22 Thomas Silk Director 2 X 0 0 0 0 0	Director	2	X						0.	0.	0.
Director 2 X 0 0 0 0 0 0 0 0	(21) Justin T. Miller										
Canal Satik 2		2	x						l o.l	n	l 0
Director 2 X 0 0 0 0 0 0 0 0 0		 	<u> </u>	_	<u> </u>		Ħ			<u>v.</u>	ļ <u>"</u>
Stanton L. Stein 2 x 0. 0. 0. 0.		2	x						ا ۱	n	1
Director 2 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0			 ^	\vdash		-		\vdash	 	0.	· · · · · · · · · · · · · · · · · · ·
Cap Christy Susman Director		2	l "				ł	i	ا م	^	
Director 2 X 0 0 0 0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·		┝≏			 	-	_	0.	<u> </u>	<u> </u>
Complete this table for your five highest compensation from the organization sited on line 1a, is the sum of reportable compensation from the organization sited on line 1a, is the sum of reportable compensation from the organization sheld to organization from the organization in list and the property of the property		ا ر					l		ا ۾ ا		
Director 2 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2	X	\vdash		\vdash	\vdash		0.	0.	0.
Director 2 X 0 0 0 0 0 0 0 0		_							_		
Director 2 X 0 0. 0. 0. 0. (27) Rtchard Tom Director 2 X 0 0. 0. 0. 0. 0. (28) Leslie T. Hatamiya Executive Dir. 40 X 113,339. 0. 3,832. (29)		2	X	Щ		L.			0.	0.	0.
Richard Tom Director 2 X 0 0 0 0 0 0 0 0											
Director (28) Les1ie T. Hatamiya Executive Dir. 40		_ 2	X						0.	0.	0.
C28) Leslie T. Hatamiya											
Executive Dir. 40 X 113,339. 0. 3,832. (29)	Director	2	Х						0.	0.	0.
1b Sub-total	(28) Leslie T. Hatamiya										
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ist any former officer, director or trustee, key employee, or highest compensated employee on line 1a' If 'Yes,' complete Schedule J for such individual 3 Did the organization list any former officer, director or trustee, key employee, or highest compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	Executive Dir.	40			_X				113,339.	0.	3,832.
1 b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	(29)										<u> </u>
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual of services rendered to 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 Description of services Compensation Compensation											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1	1 b Sub-total							▶	0.	0.	0.
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1 Yes No Yes No Yes	c Total from continuation sheets to Part VII, Section	A						▶	113,339.	0.	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than								▶			
Section B. Independent Contractors Compensation from the organization from the organization of the organization of the organizations and business address Compensated independent contractors that received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation or independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organiz		to the	se lis	sted	abo	ve)	who	o rec		\$100,000 in reporta	
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than						,				4 .00,000 III.10port	able compensation
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	The state of the s				_		-			-	Vac No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address (B) Description of services (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	3. Did the averaged on het any farmon officer director							1-	-1		ies no
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	on line 1a? If 'Yes.' complete Schedule J for such in	or truste Idividua	ее, к <i>I</i>	key (emp	ioye	e, c	or ni	gnest compensate	a employee	3 X
the organization and related organizations greater than \$150,000? If "Yes' complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	·										
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	4 For any individual listed on line 1a, is the sum of rep	ortable	con n nn	nper n? /	nsatı '∀'∨∡	ion i	and	othe	er compensation f	rom	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services (C) Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	such individual	iaii #15	0,00	0. 1	, , ,	-3 L	.0111	DIE	e Scriedule 3 loi		4 X
for services rendered to the organization? If 'Yes,' complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5 Did any person listed on line 1a receive or accrue co	mnens	atıor	n fro	m a	nv i	inre	late	d organization or i	ndıvıdual	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	for services rendered to the organization? If 'Yes,' c	omplete	Scl	hedi	ile J	for	suc	h pe	erson	TIGITIGUE!	5 X
Compensation from the organization. (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	Section B. Independent Contractors										
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest compensate	d indep	end	ent	conf	trac	lors	that	t received more th	an \$100,000 of	
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than								- 1			
2 Total number of independent contractors (including but not limited to those listed above) who received more than								ĺ	(B)		(C)
	Name and business address							4	Description of	services	Compensation
								_			
								\perp			
								\perp			
								T			
											
	2 Total number of independent contractors (including t	ut not l	ımıte	ed to	o the	ose	liste	d at	bove) who receive	d more than	ì
				_							

	art VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
- S S	1a Federated campaigns 1a				
A PA	b Membership dues 1b	_			
S, G	c Fundraising events 1c	_			
	d Related organizations 1d 305,664	<u>-</u>			
S S	e Government grants (contributions)	_			
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 630, 130				
N ON	g Noncash contributions included in lns 1a-1f \$				
-	h Total. Add lines 1a-1f Business Code	935,794.	<u> </u>		
IN I	2a	┥ .	-	ł	1
Ē	2a	 	<u> </u>		 -
JC.	c	†			
Š	d	 			
S E	e	 			
8	f All other program service revenue				1
78	g Total. Add lines 2a-2f	-			
_	3 Investment income (including dividends, interest and				
	other similar amounts)	33,648.			33,648.
	4 Income from investment of tax-exempt bond proceeds	0.246			
	5 Royalties (i) Real (ii) Personal	2,346.		\	2,346.
	6a Gross Rents	-{			1
	b Less rental expenses	-			
	c Rental income or (loss)	-			
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				<u> </u>
	assets other than inventory 2, 439.]			
	b Less cost or other basis	1			İ
	and sales expenses 4, 738.	-			1
	c Gain or (loss) —2,299.				
	d Net gain or (loss)	-2,299.		·····	-2,299.
NUE	8a Gross income from fundraising events (not including \$				
EVE	of contributions reported on line 1c)			•	
OTHER REVEN	See Part IV, line 18	-			
OT.	b Less. direct expenses c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b		į		,
	c Net income or (loss) from gaming activities				1
	10a Gross sales of inventory, less returns and allowances				
	b Less: cost of goods sold b	1.			Ì
[c Net income or (loss) from sales of inventory				
]	Miscellaneous Revenue Business Code				
	11a Miscellaneous	4,701.			4,701.
ł	b				
Į	c	ļl			
İ	d All other revenue	<u> </u>			
- 1	e Total. Add lines 11a-11d	3, 101.	<u>-</u>	<u></u>	
_	12 Total revenue. See instructions	974,190.	0.]	0.	38,396.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

(D) Fundraising (B) (C) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Total expenses Management and expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 292,000 292,000 Grants and other assistance to individuals in 2 the U.S. See Part IV, line 22 331,588 331,588 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 117,171 17,350 48,133 51,688. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0 107,975 76,341 11,748 19,886. Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits. 8,152 5,128 1,317 1,707. 20,261 8,444 5,432 6,385. 10 Payroll taxes 11 Fees for services (non-employees) a Management **b** Legal 28,884 28,884 c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees 12,060 2.177 a Other 668 9,215 8,768 8,768. 12 Advertising and promotion 29,960 10,756 3,299 15,905. 13 Office expenses 2,639 862 687 Information technology 1,090. 14 15 Royalties 35,352 16.752 16 Occupancy 8,113. 10,487. 3,177 369 2,300 17 Travel 508. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 7,192 4.572 973 1,647. 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 8,113 8,113 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% 2 of line 25, column (A) amount, list line 24f expenses on Schedule O.) 757 500 2,848 a Dues, licenses, service fees 409. **b** Miscellaneous 647 647 f All other expenses 1,017,696 766,839 25 Total functional expenses. Add lines 1 through 24f 123, 162 127,695. Joint costs. Check here ► X if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation BAA Form 990 (2010)

P	art X	Balance Sheet	_		
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing		1	_
	2	Savings and temporary cash investments	380,147.	2	151,076.
	3	Pledges and grants receivable, net	18,136.	3	24,578.
	4	Accounts receivable, net		4	·
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	-	6	
A S E T	7	Notes and loans receivable, net	 	7	
S E	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges	5,643.	9	6,278.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 28,174.			
		Less accumulated depreciation 10b 28,174.		10 c	,
	11	Investments – publicly traded securities.	1,282,128.	11	1,591,188.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	·
	16	Total assets Add lines 1 through 15 (must equal line 34)	1,686,054.	16	1,773,120.
	17	Accounts payable and accrued expenses	12,291.	17	12,535.
	18	Grants payable	10,000.	18	12,500.
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A B I	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
i I I	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ė	23	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		23	
•		Unsecured notes and loans payable to unrelated third parties		24	
	l	Other liabilities Complete Part X of Schedule D		25	
	1	Total liabilities. Add lines 17 through 25	22,291.	26	25,035.
Ñ		Organizations that follow SFAS 117, check here ► X and complete lines	· * * * * * * * * * * * * * * * * * * *		20,000.
E		27 through 29 and lines 33 and 34.			
Ą	27	Unrestricted net assets	1,663,518.	27	1,748,085.
400円-0	28	Temporarily restricted net assets	245.	28	
	29	Permanently restricted net assets		29	
P R		Organizations that do not follow SFAS 117, check here and complete	, Sa, 51		19 10 Car 1 1 1
E		lines 30 through 34.			
02 0	30	Capital stock or trust principal, or current funds		30	
及	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ē		Retained earnings, endowment, accumulated income, or other funds		32	
Č	33	Total net assets or fund balances	1,663,763.	33	1,748,085.
\$	34	Total liabilities and net assets/fund balances	1,686,054.	34	1,773,120.

BAA

Form **990** (2010)

Both consolidated and separate basis

BAA

X

separate basis, consolidated basis, or both

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Separate basis

Audit Act and OMB Circular A-133?

3a

3ь

X

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2010

Open to Public Inspection

Name	of the organization							Employe	er identifica	tion number			
	<u>ifornia Bar Fou</u>						•		10454				
Par	t I Reason for Put	olic Charity Status	(All organizations	must	comple	ete this	s part.) See	instruct	ions.			
The o	organization is not a priv	ate foundation becaus	e it is (For lines 1 thro	ough 11,	check o	only one	box)						
1	A church, convention	on of churches or asso	ciation of churches des	scribed ii	n sectio	n 170(b)	χ1χΑχί).					
2	A school described	in section 170(b)(1)(A)	(ii). (Attach Schedule	E)									
3	A hospital or a coop	perative hospital service	e organization describ	ed in se	ction 17	0(b)(1)(A)(iii).						
4	A medical research	organization operated	in conjunction with a l	hospital	describe	ed in se	ction 17	0(b)(1)(A)(iii) E	nter the ho	spital's	s	
	name, city, and stat	te											
5	An organization open 170(b)(1)(A)(iv). (C)	erated for the benefit of omplete Part II)	f a college or universit	y owned	or ope	ated by	a gove	rnmenta	l unit de	scribed in	sectio	'n	
6			overnmental unit descr										
7	An organization tha in section 170(b)(1)	t normally receives a s (A)(vi). (Complete Pai	substantial part of its si rt II)	upport f	rom a go	overnme	ental un	ıt or fror	n the ge	neral publi	c desc	ribed	
8	A community trust of	described in section 17	70(b)(1)(A)(vi). (Comple	ete Part	H)								
9	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10		anized and operated e	xclusively to test for pr	ublic sat	ety See	section	n 509 (a)	(4).					
11	more publicly suppo describes the type of	orted organizations des of supporting organizat	exclusively for the bene scribed in section 509(a tion and complete lines	a)(1) or s 11e thr	section to ough 11	509(a)(2 h	?) See	of, or ca section	rry out ti 509(a)(3)	he purpose). Check th	s of o	ne or that	
	a X Type I b Type II c Type III - Functionally integrated d Type III - Other												
е	X By checking this boother than foundation section 509(a)(2)	other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or											
f	If the organization r check this box	eceived a written dete	rmination from the IRS	that is	a Type I	, Туре І	l or Typ	e III sup	porting	organızatıo	n,		
g	Since August 17, 20	06, has the organization	on accepted any gift o	or contrib	oution fr	om any	of the f	ollowing	persons	۶7			
											Yes	No	
	(i) A person who below, the gov	directly or indirectly co verning body of the sup	ontrols, either alone or opported organization?	togethe	r with pe	ersons d	lescribe	d in (ii)	and (III)	11 g (i)		х	
	• • •	ber of a person describ	**							11 g (ii)		Х	
	(iii) A 35% control	led entity of a person of	described in (i) or (ii) a	bove?						11 g (iii)		X	
<u>h</u>	Provide the following	g information about the	e supported organization	on(s)		,		T					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	column (Is the zation in i) listed in overning ment?	the organ	rou notify nization in n (i) of upport?	organiz	s the ration in mn (i) ed in the S ?	(vii) Amoui	nt of sup	port	
			···	Yes	No	Yes	No	Yes	No				
<u>(A).</u>	The State Bar	of California											
		[]	l								
<u>(B)</u>		94-6001385	line 6	X						1	49,0	000.	
<u>(C)</u>										<u></u>			
(D)				<u> </u>									
<u>(E)</u>													
	<u> </u>											_	
Total	 For Paperwork Reduction	n Act Notice see the	Instructions for Form	990 02 9	90-F7			chodula	A (Far-	1 n 990 or 99	49,0		
	i oi rapcimoin neuucii	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	maductions for FORM	220 01 2	JU-LL.		3	ciicant	וווט דון 🗪 :	נע וט טככ וו	ハ・ヒム)	2010	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support			· · · · · · · · · · · · · · · · · · ·				
	endar year (or fiscal year inning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010)	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished 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)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010)	(f) Total
7	Amounts from line 4	· · · · · · · · · · · · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties 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 activ	ities, etc (see ins	tructions)				12	
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 50	1(c)(3	3) ▶ □
Sec	tion C. Computation of Pub	olic Support P	ercentage					
14	Public support percentage for 20	10 (line 6, columr	n (f) divided by lin	e 11, column (f))			14	%
15	Public support percentage from 2	2009 Schedule A,	Part II, line 14			L	15	%
	33-1/3% support test — 2010. If to and stop here. The organization	qualifies as a pub	olicly supported or	rganization				▶]
b	33-1/3% support test — 2009. If the and stop here. The organization of	he organization d qualifies as a pub	ld not check a bo licly supported or	x on line 13 or 16 ganization	a, and line 15 is 3	3-1/3% or m	ore,	check this box
17 a	10%-facts-and-circumstances ter or more, and if the organization in the organization meets the 'facts'	neets the 'facts-a	nd-circumstances	test, check this	box and stop here	. Explain in	Part	IV how
	10%-facts-and-circumstances tes or more, and if the organization r organization meets the 'facts-and	neets the 'facts-a -circumstances'	nd-circumstances test The organiza	test, check this ation qualifies as	box and stop here a publicly supporte	. Explain in ed organizati	Part ion	IV how the ►
	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a,				
BAA					Sch	edule A /For	m 99	0 or 990-F7\ 2010

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			,			
-	ndar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(4) 2000	(5) 2557	(6) 2000	(4) 2003	(6) 2010	(i) Total
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons					·	
!	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	, , ,					
	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·	r		·		
Caler	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included 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 assets (Explain in Part IV)					-	
13	Total support. (Add Ins 9, 10c, 11, and 12)						-
14	First five years. If the Form 990 organization, check this box and	s for the organiza	ation's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ []
Sec	tion C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 20	10 (line 8, column	(f) divided by lin	e 13, column (f))		15	क्ष
16	Public support percentage from 2	009 Schedule A,	Part III, line 15			16	g
Sec	tion D. Computation of Inve						
17	Investment income percentage for	r 2010 (line 10c,	column (f) divided	by line 13, colu	mn (f))	17	ફ
18	Investment income percentage from	om 2009 Schedul	e A, Part III, line	17		18	
	33-1/3% support tests – 2010. If is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	rted organization	▶
	33-1/3% support tests - 2009. If Inne 18 is not more than 33-1/3%,	, check this box a	nd stop here. The	e organization qua	alifies as a publicly	supported organiz	1/3%, and ►
20	Private foundation. If the organiz	ation did not ched	ck a box on line 1	4, 19a, or 19b, cl	heck this box and	see instructions	▶ 🗍

Schedule /	(Form 990 or 990-EZ) 2010	California Ba	r_Foundation_	94-3104546	Page 4
Part IV	Supplemental Informa Part II, line 17a or 17b (See instructions).	tion. Complete this ; and Part III, line 1	part to provide the 2. Also complete	ne explanations required by Part II, line this part for any additional information.	10;
					
	·				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Ca	lifornia Bar Foundation			94-3104546
Pa		Advised Funds or Other Similar	Funds or A	ccounts. Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			y r ands and strict accounts
2	Aggregate contributions to (during year)			· · · · · · · · · · · · · · · · · · ·
3	Aggregate grants from (during year)			-
4	Aggregate value at end of year			
~	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	or advisors in writing that the assets held to the organization's exclusive legal contro	in donor advis ol?	ed Yes No
	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	he benefit of the donor or donor advisor, of the donor advisor, of the donor or donor advisor, of the donor advisor, of the donor or donor advisor, of the donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor or donor advisor, of the donor of the don	or for any other	Yes No
Pa	rt II Conservation Easements. Compl	ete if the organization answered 'Y	es' to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by	the organization (check all that apply)		
	Preservation of land for public use (e.g., r	ecreation or education) Preservat	lion of an histo	rically important land area
	Protection of natural habitat	Preservat	tion of a certifie	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation contribution	on in the form o	of a conservation easement on the
			TE	Held at the End of the Tax Year
á	Total number of conservation easements		2a	
ı	Total acreage restricted by conservation easer	nents	2b	
•	Number of conservation easements on a certif	ied historic structure included in (a)	2c	
(Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a h	nistoric 2 d	
3	Number of conservation easements modified, tax year ▶	ransferred, released, extinguished, or tern	minated by the	organization during the
4	Number of states where property subject to co	nservation easement is located >		
5	Does the organization have a written policy reg		. handling of v	iolations
_	and enforcement of the conservation easemen	ts it holds?		∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitorin	g, inspecting, and enforcing conservation	easements dur	ring the year
7	Amount of expenses incurred in monitoring, in ▶ \$	specting, and enforcing conservation ease	ments during t	he year
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and section $170(h)(4)(B)(ii)^2$	line 2(d) above satisfy the requirements of	of section	Yes No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements	conservation easements in its revenue and ex to the organization's financial statements th	xpense stateme nat describes th	nt, and balance sheet, and ne organization's accounting for
Rar	tillia Organizations Maintaining Collection	tions of Art, Historical Treasures	, or Other S	imilar Assets.
	Complete if the organization answ	vered 'Yes' to Form 990, Part IV, li	ne 8.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finan	held for public exhibition, education, or re	search in furth	nent and balance sheet works of erance of public service, provide,
b	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items	SFAS 116 (ASC 958), to report in its reveil for public exhibition, education, or resear	nue statement rch in furtheran	and balance sheet works of art, ace of public service, provide the
	(i) Revenues included in Form 990, Part VIII,	ine 1		▶\$
	(ii) Assets included in Form 990, Part X			> \$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	, historical treasures, or other similar asse 16 (ASC 958) relating to these items	ets for financial	gain, provide the following
а	Revenues included in Form 990, Part VIII, line			▶ \$
ь	Assets included in Form 990, Part X			►\$

Part III Organizations Mainta	ining Collection	ns of Art, His	torica	l Treasures, o	r Other Similar As	sets (contini	ued)
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)								
a Public exhibition		d Loar	or ex	change programs				
b Scholarly research		e U Othe	er	 =.	-			
c Preservation for future generations								
4 Provide a description of the orga Part XIV	inization's collection	ns and explain h	ow the	y further the organ	nization's exempt purpo	se in		
5 During the year, did the organiza assets to be sold to raise funds in	ition solicit or rece rather than to be n	ive donations of a	art, his t of the	torical treasures, o	or other similar llection?	Yes	, [No
Part IV Escrow and Custodia	l Arrangement	s. Complete if	orga					
9, or reported an amo	unt on Form 99	90, Part X, line	e 21.				·	
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian, or	other intermedia	ry for c	ontributions or oth	ner assets not	Yes	; [No
b If 'Yes,' explain the arrangement	in Part XIV and c	omplete the follow	wing ta	ble				
						Amour	nt	
c Beginning balance					1 c	A		
d Additions during the year					1 d			
e Distributions during the year					1e			
f Ending balance					11			
2a Did the organization include an a	mount on Form 99	00, Part X, line 21	7		,	Yes	; [No
b If 'Yes,' explain the arrangement	ın Part XIV						_	_
Part V Endowment Funds. Co	implete if the c	rganization ar	swer	ed 'Yes' to Fori	m 990, Part IV, lin	e 10.		
	(a) Current year	(b) Prior ye	ear	(c) Two years back	(d) Three years back	(e)	Four year	rs back
1 a Beginning of year balance	1,537,526	5. 1,531,	435.	2,559,28	4.			
b Contributions				148,550	0.			
c Net investment earnings, gains, and losses	157,346	5. 58,	470.	-1,042,800	0.			,
d Grants or scholarships								1
 Other expenditures for facilities and programs 	89,179	52,	379.	112,65	7.			
f Administrative expenses				20,942	2.			
g End of year balance	1,605,693	1,537,	526.	1,531,435	5.			
2 Provide the estimated percentage	e of the year end b	alance held as		***				
a Board designated or quasi-endow	/ment ►1	00.00 %						
b Permanent endowment ►	%							
c Term endowment ►	8							
3a Are there endowment funds not a organization by	n the possession o	of the organization	n that a	are held and admir	nistered for the	ſ	Yes	No
(i) unrelated organizations						3a(i)		Х
(ii) related organizations						3a(ii)		X
b If 'Yes' to 3a(ıı), are the related o	rganizations listed	as required on S	chedul	e R ²		3b		Х
4 Describe in Part XIV the intended	uses of the organ	ization's endown	ent fur	nds See Part	XIV			
Part VI Land, Buildings, and E	Equipment. Sec	Form 990, P	art X,	line 10.		-		
Description of investment		ost or other basis (investment)		Cost or other pasis (other)	(c) Accumulated depreciation	(d) l	Book va	lue
1 a Land			ļ					
b Buildings	<u> </u>		<u> </u>					
c Leasehold improvements	<u> </u>		<u> </u>					
d Equipment			ļ	28,174.	28,174.			0.
e Other								
Total. Add lines 1a through 1e (Column	n (d) must equal Fo	orm 990, Part X,	column	(B), line 10(c))				0.
BAA					Sched	ule D (F	orm 99	0) 2010

2. FIN 48 (ASC 740) 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 (ASC 740)

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

Sch	edule D (Form 990) 2010 California Bar Foundation	94-3104546	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		974,190.
2	Total expenses (Form 990, Part IX, column (A), line 25)	_	1,017,696.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-43,506.
4	Net unrealized gains (losses) on investments		127,828.
5	Donated services and use of facilities		·
6	Investment expenses		-
7	Prior period adjustments		<u></u>
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		127,828.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		84,322.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per		
1	Total revenue, gains, and other support per audited financial statements	1.	1,102,018.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	[.	
4	a Net unrealized gains on investments 2a 127, 828	<u>ع.</u> ع	
ŧ	Donated services and use of facilities 2b	_ (``	
	Recoveries of prior year grants		
	d Other (Describe in Part XIV)	_ ;	
	e Add lines 2a through 2d	_2e	127,828.
3	Subtract line 2e from line 1	3	974,190.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investments expenses not included on Form 990, Part VIII, line 7b.	⊣ : 1	
	Other (Describe in Part XIV)	- `•;-	
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	974,190.
	Reconciliation of Expenses per Audited Financial Statements With Expenses per	·-··	1 017 606
	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25	E7524	<u>1,017,696.</u>
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	COther losses 2c	- KM 19	
	Other (Describe in Part XIV)	الفعدية	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	-	1,017,696.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	23	
а	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV.)		
_	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,017,696.
	Supplemental Information		
any a	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comple additional information		
	Part V. Line 4 - Intended Uses Of Endowment Fund		
	To provide income for general operating costs.		
		- -	
	,	·	
			

Schedule D (Form 990) 2010 California Bar Foundation Part XIV Supplemental Information (continued)	94-3104546	Page :
Part XIV Supplemental Information (continued)		
	_	

SCHEDULE I

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

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

Attatch to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

94-3104546

2

X

<u> California Bar Foundation</u> Department of the Treasury Internal Revenue Service Name of the organization

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

Raning Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to See Part IV Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

Part II can be duplicated if additional space is needed	additional space	ıs needed					
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section	(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
(1) Asian Pacific Am Legal							Asian
I.OS Angeles CA 90017	05-305/152	C	000	•			language law
(2) Dot mandal Total Cal	2014000-06		70,000.	0.			workshops
145 C Estress 3::0 #200							Mobile
	23-734205	. ~	000 00	C			family
(3) СУДТН			20,000.				crinc
UC Berkeley Law School							Legal followskin
Berkeley, CA 94720	94-3310546	3	7,500.	0.0			Drogram
(4) Immigant Legal Center							
1932 MISSION SC. #002 San Francisco. CA 94103	94-2939540	٣	000 00	C			Remote Rep.
(5) Inst. Laboral de Raza		,	.000				FILOT
							9 0 0 0 0 0
San Francisco, CA 94110	94-2890401	m	20,000	C			Delense of
(6) Lassen Family Services)			Laccen CACA
P.O. Box 701							Can /Custain
Susanville, CA 96103	94-2691072	3	7.000	C			Project
Ω Legal Aid Sonoma Cty							170 671
1105_N. Dutton Ave. B							
Santa Rosa, CA 95401	68-0008581	3	10,000.	0			REACH
(8) Legal_Services NorCal							Legal Info
517_12th_St							& Assist
Sacramento, CA 95401	94-1384659	3	15,000.	0.			Program
2 Enter total number of section 501(c)(3) and government organization) and government or	rganizations				A	11

Schedule 1 (Form 990) 2010

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations

(Form 990) 2010 California Bar Foundation Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22, Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2010

Pait II Grants and Ot

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non cash assistance
1 Bar Exam Scholarships	12	24,000.	10,000.	FMV	Bar exam review courses
2 Diversity Scholarships	28	183,400.			
3 Public Interest Scholarships	23	104,940.			
4					
5					
9					
7 Part IV Supplemental Information. Complete this part to		provide the information required in Part I. line	on required in Par	1 line 2 and any other	er additional information
Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.	ing Use of Grants	Funds in U.S.			
To_receive_its_grant,_a_grantee_must	sign	<u>a Grant Conditions</u>	as Form, which outlines.	outlines the	
allowable_uses_of_the_fundsThe_form_	als	o_sets_forth_reporting_requirements,_by_	ering require	ments, by	;
which the grantee must submit a written report, typically due a month after the grant	a_written_repo	rt, typically g	iue a month af	cer_the_grant	
term_has_ended,_documenting_how_the_Foundation_grant_was_used,_the_demographics_of_	w_the_Foundati	on_grant_was_us	sed, the demog	<u>raphics of</u>	
those_served, and the impact of the grant		on the community. A grantee is also	A_grantee_is	<u>- also</u>	
required to provide any documentation reasonably requested by the Foundation,	ntation reason	ably requested	by the Foundat		
including financials, and accommodate reasonable	<u>mmodate reason</u>		site visits by the Foundation during	<u>lation during</u>	
the year in which grant funds are used by		the grantee. Rec	Recipients of two-year grants	2-Year_grants	
must_submit_a_written_report_documenting_use_of_the_funds_in_compliance_with_the	<u>ocumenting use</u>	of the funds i	in compliance v	<u> </u>	
Grant Conditions Form prior to receiving BAA	receiving the	second year of	funding.	Foundation	
					1 - 1 - 1 - 1 - C

Schedule I (Form 990) 2010

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 1 of 1 (h) Purpose of grant or assistance Programs Justice Various program Maitri legal **Employer identification number** snq (Form 990), Part II.) (g) Description of non-cash assistance 94-3104546 (f) Method of valuation (book, FMV, appraisal, other) Rankill Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (e) Amount of non-cash assistance (d) Amount of cash grant 7,000. 25,000 149,000 (c) IRC section if applicable |State gov't 94-6001385|unit 94-3132087 94-2589423 3 (b) EIN (a) Name and address of organization or government California Bar Foundation 1111111111 OneJustice 433 California St. #815 San Francisco, CA 94104 State Bar of California 180 Howard Street San Francisco, CA 94105 11111 1111111 1 ١ ŧ ı 1 Name of the organization 1 ١ 1 1 11111 |

Schedule I Cont (Form 990) 2010

TEEA4001L 01/25/11

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Name of the organization				E	mployer i	dentific	ation nu	ımber			
California Bar Foundation						4-31					
Part I Excess Benefit Transac Complete if the organization	ctions (sect answered 'Yes'	on 501 on Form	(c)(3) and section 990, Part IV, line 25a	501 (c) (or 25b, or	4) organiz Form 990-E	zations Z, Part V	s only /, line	y). 40b.			
1 (a) Name of disqualified p	erson			(h) Description	n of transaction					(c) Cor	rected
1 (a) Name of disqualified p				(b) Descriptio	II of transaction	'				Yes	No
(1)											
(2)											
(3)											
(4)											L
(5)											
(6)		L	·								<u>L</u>
2 Enter the amount of tax imposed of section 4958	n the organiza	tion mana	igers or disqualified p	ersons du	ring the yea	ır under	► ŝ	;			
3 Enter the amount of tax, if any, on	line 2, above,	reimburse	ed by the organization				⊳ \$				
Part II Loans to and/or From I Complete if the organization a				Form 990-	EZ, Part V,	line 38a				-	
(a) Name of interested person and purpose		to or from	(c) Original principal amount	(d) Ba	lance due	(e) In (default?	by bo	proved ard or nittee?	(g) W agree	/ritten ment?
	То	From				Yes	No	Yes	No	Yes	No
(1)											
(2)											ĺ
(3)							l				
(4)											İ
(5)											<u> </u>
(6)						↓					
						1					
(8)						<u> </u>					
(9)											<u> </u>
(10)	<u> </u>						[
Total			▶ \$							<u> </u>	
Part III Grants or Assistance B Complete if the organization	l enefitting l i ation answe	ntereste red 'Yes	e d Persons. s' on Form 990, P	art IV, lı	ne 27.						
(a) Name of interested person	a) Relationshi	p between interested person the organization	and		(c) Amoun	t and ty	pe of as	sistance	;	
(1)				İ							
(2)				t							
(3)		-									
(4)											
(5)											
(6)						•					
(7)						_					
(8)						•					
(9)											
(10)	<u> </u>										

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Investigation	olving Interested Perso	 ons.			age 2
Complete if the organization (a) Name of interested person	answered 'Yes' on Fol	rm 990, Part IV, Im	e 28a, 28b, or 28c.	(a) Sh	aring of
(a) Name of interested person	interested person and the organization	transaction	(d) Description of transaction	organiz	zation's nues?
(1) State Bar of California	share director	35, 352.	Rent payments	163	Х
(2)					
(3)	 				ļ
				\dashv	_
(6)					
<u>(7)</u> (8)	 				<u> </u>
(9)					
(10) Part V. Supplemental Information					
Complete this part to provide addition	onal information for response	s to auestions on Schei	dule L (see instructions)		
			, , , , , , , , , , , , , , , , , , ,	·	
Supplemental Information					
Howard B. Miller was State	Bar President thi	rough September	2010 and a member o	of the	
Doord of Covernous of the	Chata Day of Calif		hie male earned as		
Board of Governors of the	State Par Of Carri	tornia and in t	mis role served as a	in_ex_	
officio_member_of_the_Four	dation's Board of	Directors. Wi	lliam N. Hebert has	<u>been</u>	<u>a</u>
member_of_the_Board_of_Gov	ernors of the Stat	e Bar of Calif	ornia, and in Septem	wber_	
2010 became State Bar Pres	ident and an ex of	ficio member o	f_the_Foundation_Boa	ird	
Neither Mr. Miller nor Mr.	Hebert were prese	ent_when_Califo	rnia Bar Foundation		
approved the grants and/or	payments to the S	State Bar of Ca	lifornia.		
		· 			
		. 			
	~~~~~~~~		. =	<del>-</del>	
	<b></b>			<b>-</b> .	

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 94-3104546 California Bar Foundation Part VII. Section A. (B) - Hours worked for related organization. William N. Hebert worked an average of 20 hours per week at State Bar of California, a related organization. He earned no compensation from either organization. Form 990, Part III, Line 1 - Organization Mission Our mission is to build a better justice system for all Californians. We champion full and equal access to the law, invest in the next generation of California's lawyers, educate Californians about their rights and responsibilities, and promote philanthropy throughout the legal community. Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents The Foundation amended its Bylaws and Articles of Incorporation in 2010. In particular, the amendments changed the legal name of the organization to "California Bar Foundation" and increased the maximum number of Board members appointed by the State Bar Board of Governors to 35. Form 990, Part VI, Line 11b - Form 990 Review Process The Executive Director and accounting consultant provide all requested information to the certified public accounting firm retained to conduct the Foundation's annual audit and prepare its tax forms. After the CPAs prepare a first draft of the Form 990, the Executive Director and accounting consulting carefully review the completed Form 990 and provide the CPAs with any corrections, edits, or changes. Once the Executive Director and accounting consultant sign off on the Form 990, the draft is circulated to the entire Board of Directors. The President and Audit Committee Chair are asked to carefully review the Form 990 and provide any feedback. Once a final draft is finalized, on behalf of the Board the President or Audit Committee Chair signs the confirmation form that is sent to the CPAs.

Name of the organization Employer identification number Callfornia Bar Foundation 94-3104546 Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts The Foundation's Conflict of Interest Policy applies to "interested persons," defined as any director, principal officer, or member of a committee with Board delegated powers, who has a direct or indirect material financial interest, as defined in the Policy. All new members of the Board of Directors are presented with a copy of the Conflict of Interest Policy when their first Board terms begin. Board members are required to sign the Conflict of Interest Policy Annual Affirmation and Disclosure Statement upon joining the Board and every year thereafter that they remain on the Board. The Executive Director keeps a record of the signed Affirmations and Disclosure Statements and any disclosures by interested persons. The Policy sets forth the process for handling any potential conflicts as well as violations of the Policy. Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment Each year, the Personnel Committee, which is made up exclusively of Board members, conducts a performance evaluation of the Executive Director and makes a recommendation regarding her compensation package. The Committee solicits input regarding the Executive Director's performance from Board Members and others outside of the Board. The Committee reviews comparability data regarding executive director salaries from a number of sources, including the Public Interest Clearinghouse, the Center for Non-Profit Management, and other national surveys. In its deliberations, the Committee also weighs the desire to reward excellence, encourage retention, and avoid replacement costs. The Committee presents its evaluation and salary recommendation to the full Board of Directors, which approves any adjustments to the Executive Director's compensation package. Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees The organization does not currently have any compensated officers, directors, or key employees other than the Executive Director. A similar compensation review and

Schedule <b>O</b> (Form 990 or 990-EZ) 2010	Page 2
Name of the organization  Callfornia Bar Foundation	Employer identification number 94-3104546
	·
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	s & Key Employees (continued)
approval process would be followed, however, if this were to ch	nange.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
We provide these items upon request.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

5

8

ල

€

9

ତ୍ର

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 Attach to Form 990.

OMB No 1545 0047

(f)
Direct controlling
entity | Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Employer identification number 94-3104546 (e) End-of-year assets Later Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (**d)** Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of disregarded entity California Bar Foundation

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	(b)(13)
						Yes	S S
(1) The State Bar of California 180 Howard Street							
(2) San Francisco, CA 94105	Regulation of legal profession	C.A.	Gov Agency	N/A	N/A		×
(3)							
<u>(4)</u>							
(5)							
ω							

Schedule R (Form 990) 2010

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010 California Bar Foundation

94-3104546

Page 2 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(c) (d) Legal Direct domicile controlling entity	Predominant income (related, unrelated, excluded	Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	r. Code V-UBI amount in box s? 20 of Schedule	General or managing partner?	(k) Percentage ownership
		country)		sections 512-514)			Yes	No (Form 1065)	Yes No	
Ω										
				_						
									<del>~ -</del>	
(2)										
										_
(3)										
-										
1 1 1 1 1 1 1 1 1 1 1 1										

Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answer Inc. 34 because of had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cor	poration or Trus treated as a cor	st (Complete poration or t	if the organiz	ation answered 'Ye tax year.)	as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Insations treated as a corporation or trust during the tax year.)	rt IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign co	(d) Direct ontrolling entity	(e) Type of entity (C corp, S corp, or trust)	(n) Share of total income	Legal domicile Direct Type of entity (C corp., S corp., country)  (a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (e) (d) (d) (d) (d) (e) (d) (d) (e) (d) (d) (e) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	(h) Percentage ownership
(1)							
(2)							
(3)							

Schedule R (Form 990) 2010

TEEA5002L 12/07/10

BAA

Page 3

O

94-3104546	1, 35, 35a, or 36.)
	ions (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)
	Inswered 'Yes' to Forr
	e if the organization a
Sar Foundation	anizations (Complete
0 California B	With Related Orga
dule R (Form 990) 201	Transactions

Note Complete line 1 if any earthy is listed in Boats II III as 10/ at the activation				L
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts 11.17/2	tions listed in Parts II	1/2	×   ±	Yes No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		• •	- "	<u>.</u>
<b>b</b> Gift, grant, or capital contribution to other organization(s)			<u>+</u>	:     
c Gift, grant, or capital contribution from other organization(s)			╀	 
d Loans or loan quarantees to or for other organization(s)			4-	╀
• Lane of loan distantage by other constraints.				< :
בספונים כו יספון שמפוחובכם של סוובן טושפווולפווטוונה)			1e	×
( Sale of assets to other assets and assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to other assets to			, ,	· •
Out of assets to deep against the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of			=	×
g Furchase of assets from other organization(s)			19	×
the Exchange of assets			٦ ۲	×
i Lease of facilities, equipment, or other assets to other organization(s)			=	×
in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th			<del>:-</del>	<del>1</del>
Lease of lacinities, equipment, of other assets from other organization(s)			_	×
R retiormance of services of membership of fundraising solicitations for other organization(s)			1k	×
r Periormance of Services or membership or fundraising solicitations by other organization(s)				×
m sharing of racinities, equipment, mailing lists, or other assets			1m	×
n Sharing of paid employees			r c	×
			इ	**
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>			10	×
, <b>p</b> Reimbursement paid by other organization for expenses			1 p	×
				i≱r r _a
<b>q</b> Other transfer of cash or property to other organization(s)			10	×
_				×
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	ig covered relationshi	s and transaction thre	sholds	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	ermining olved
(1)				
(2)				
(3)			i	
(4)				
(5)				
9				
BAA TEEA5003L 12/23/10		Sche	Schedule R (Form 990) 2010	90) 2010

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

Schedule R (Form 990) 2010 General or managing partner? ŝ 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 Yes Code V-UBI amount ( in box 20 of Schedule K-1 Form (1065) Dispropor tonate S N Yes Are all partners Share of end-of-year section 501(c)(3) assets Yes No (c) Legal domicile (state or foreign country) TEEA5004L 12/23/10 (b) Primary activity (a) Name, address, and EIN of entity 111 111 BAA **8** ල[්] €, **©** ତ୍ର 8

Schedule R	(Form 990) 2010 Page <b>5</b>
Part VII	Supplemental Information  Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
	(see instructions).
	·
<b>_</b>	·
<b>-</b>	
_ <b></b>	
<b></b>	
<del>-</del>	

2010 Schedule O - Supplemental Information

Client FSB07 California Bar Foundation

5/06/11

Form 990, Part XI, Line 5
Other Changes in Net Assets or Fund Balances

Net Unrealized Gains or Losses on Investments

\$ Total \$ \$

Page 2

94-3104546

127,828. 127,828.

09 27AM

2010

## Schedule I, Part IV - Supplemental Information

Page 3

**Client FSB07** 

**California Bar Foundation** 

94-3104546

5/06/11

09 27AM

## Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

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