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# 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)

OMB No 1545-0047

Open to Public Inspection

benefit trust or private foundation)

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

and ending JUN A For the 2010 calendar year, or tax year beginning JUL 1. 2010 30. 2011 C Name of organization D Employer identification number Check if Address change THE FLORIDA BAR FOUNDATION, INC. Name change 59-1004604 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-250 S. ORANGE AVENUE 600P 407-843-0045 Amende 55,729. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-ORLANDO, FL 32801-3362 H(a) is this a group return pending F Name and address of principal officer JANE ELIZABETH CURRAN for affiliates? Yes X No 250 S. ORANGE AVE, STE 600P, ORLANDO, FL \_\_Yes L\_\_No H(b) Are all affiliates included? I Tax-exempt status X 501(c)(3) \_\_\_ 501(c) ( ) ◀ (insert no.) L \_\_ 4947(a)(1) or l If "No," attach a list. (see instructions) J Website: ► WWW.FLABARFNDN.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Other > Year of formation: 1956 M State of legal domicile: FL Part I Summary 1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE FLORIDA BAR Governance INC., A PHILANTHROPIC ORGANIZATION FOUNDED BY FLORIDA Check this box 

if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Activities & Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 8,756,805 10,226,514. Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII. column (A), lines 3, 4, and 7d) 3,661,715. 4,659,324. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11,259 18,696. 11 14,904,534. 12,429,779 Total revenue - add lines 8 through 11 (must edual Part VIII, column (A), line 12) Grants and similar amounts paid (Part X Column (A), lines 1-3) 37,092,944 35,425,884. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation employee penetits (Part IX, column (A), lines 5-10) 2,098,936 2,120,097. 16a Professional fundraising fees (Part-IX, column (A) line 11e) 0. 405,820. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,984,789 1,998,459. 42,176,669 39,544,440. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 <29,746,890.b <24,639,906.> Assets or Balances **Beginning of Current Year End of Year** 92,115,210. 20 Total assets (Part X, line 16) 65,904,604. 17,393,548 11,781,807. Total liabilities (Part X, line 26) Net A Net assets or fund balances Subtract line 21 from line 20 74,721,662. 54,122,797. | Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and completg. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledg Sign LOU ANN POWELL, CHIEF FINANCIAL OFFICER Here Type or print name and title Date Check Print/Type preparer's name Preparer's signature Paid MARION W. AVERETT CPA MARION W. AVERETT 05/14 /12| self-employed Firm's name AVERETT, WARMUS ETAL., CPA'S Preparer Firm's EIN Firm's address 1417 EAST CONCORD STREET Use Only ORLANDO, FL 32803 Phone no. 407 - 849 - 1569

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

Form 990 (2010)

X Yes

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

032001 02-22-11

∠a	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
ı _	Briefly describe the organization's mission:
	THE MISSION OF THE FLORIDA BAR FOUNDATION, INC., A PHILANTHROPIC
	ORGANIZATION FOUNDED BY FLORIDA LAWYERS AND THE SUPREME COURT OF
	FLORIDA, IS TO PROVIDE GREATER ACCESS TO JUSTICE. THE FOUNDATION WILL
	ACCOMPLISH ITS MISSION PRIMARILY THROUGH FUNDING OF PROGRAMS WHICH
	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
а	(Code) (Expenses \$ 33,956,786 . including grants of \$ 33,630,299 . ) (Revenue \$
	LEGAL ASSISTANCE FOR THE POOR - SUPPORT FOR TAX EXEMPT LEGAL AID
	ORGANIZATIONS; LOAN REPAYMENT ASSISTANCE FOR ATTORNEYS AT LEGAL AID
	GRANTEE ORGANIZATIONS; GRANTS TO LAW SCHOOL CLINICS FOR PUBLIC SERVICE
	WORK; FELLOWSHIPS FOR LEGAL AID ATTORNEYS PERFORMING PUBLIC SERVICE
	WORK.
b	(Code:) (Expenses \$ 1,292,615. including grants of \$ 1,287,615. ) (Revenue \$ ADMINISTRATION OF JUSTICE - PROJECTS TO IMPROVE THE ADMINISTRATION OF
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	ADMINISTRATION OF JUSTICE - PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA.  [Code:)(Expenses \$519,855. including grants of \$507,970.)(Revenue \$
	ADMINISTRATION OF JUSTICE - PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA.  (Code:) (Expenses \$ 519,855. including grants of \$ 507,970.) (Revenue \$ LAW STUDENT ASSISTANCE - SUMMER FELLOWSHIPS AT LEGAL AID GRANTEES;
	ADMINISTRATION OF JUSTICE - PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA.  [Code:)(Expenses \$519,855. including grants of \$507,970.)(Revenue \$
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c d	ADMINISTRATION OF JUSTICE - PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA.  (Code:)(Expenses \$\frac{519,855}{207,970.})(Revenue \$\frac{507,970.}{200})(Revenue \$\frac{100}{200})(Revenue \$\frac{100}{200})(R
C	ADMINISTRATION OF JUSTICE - PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA.  (Code:)(Expenses \$ 519,855. including grants of \$ 507,970.)(Revenue \$ LAW STUDENT ASSISTANCE - SUMMER FELLOWSHIPS AT LEGAL AID GRANTEES; GRANTS TO LAW SCHOOLS FOR PUBLIC SERVICE WORK BY LAW STUDENTS.

,			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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? If "Yes," complete Schedule C, Part II	4	X	
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 98-19? If "Yes," complete Schedule C, Part III	5	N/	A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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?			
	If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	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	11b	Х	
С	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	11c		Х
d	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	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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	11f	х	
12a	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
b	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	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		1	
	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	17		Х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
<b>2</b> 0a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		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)	20b		

Form 990 (2010) THE FLORIDA BAR FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

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	Did the executation report mark then 05 000 of much and attended to a constant and a constant a constant and a constant and a constant and a constant and a		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		v	
22	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21	X	
~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		- 21
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZSA		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	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	230		-21
20	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
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			:
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	i		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
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	X	
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			
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	ļ	X
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	X	<u> </u>
		Form	990	2010)

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			$\square$
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ł
	(gambling) winnings to prize winners?	<u>1c</u>	_ <u>X</u> _	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ļ
	filed for the calendar year ending with or within the year covered by this return 2a 27			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			.,
3a	<b>3</b>	_3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	_3b		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		7.
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>	-	X
b	If "Yes," enter the name of the foreign country			
E-	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.	F-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		<del>  ^</del>
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		<del>                                     </del>
va	any contributions that were not tax deductible?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u> </u>		<del></del>
-	were not tax deductible?	6b		]
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	· ·
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting $N/A$			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<del>                                     </del>
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?  N/A	9a		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?  N/A	9b	<del> </del>	<del> </del>
10	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:			
''a	Gross income from members or shareholders N/A 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-  -		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  N/A	13a	Ī	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		Ì	
	organization is licensed to issue qualified health plans			1
С	Enter the amount of reserves on hand		<u> </u>	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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.

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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?	Yes X	
b Enter the number of voting members included in line 1a, above, who are independent  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Does the organization have members or stockholders?	2 X	
b Enter the number of voting members included in line 1a, above, who are independent  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  5 Did the organization become aware during the year of a significant diversion of the organization's assets?  6 Does the organization have members or stockholders?	3	v
<ul> <li>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?</li> <li>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?</li> <li>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</li> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Does the organization have members or stockholders?</li> </ul>	3	
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?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?	3	-
Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?	3	-
of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?	1	v
of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?	1	v
<ul> <li>Did the organization become aware during the year of a significant diversion of the organization's assets?</li> <li>Does the organization have members or stockholders?</li> </ul>		X
6 Does the organization have members or stockholders?	5	X
——————————————————————————————————————		X
To Dead the appropriate the second se	3	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the		
	a	X
	ь	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year		
by the following.	1	
a The governing body?	a X	
range in the contract of the c	b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		<b>†</b>
	•	x
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		<del></del>
	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	)a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	-	<del> </del>
	)b	
	la X	1
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		<del> </del>
	2a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		t
	2b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		1
	2c X	
13 Does the organization have a written whistleblower policy?	3 X	
14 Does the organization have a written document retention and destruction policy?	4 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	İ	
a The organization's CEO, Executive Director, or top management official	sa X	1
1 00 75	b X	$\top$
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?	Sa	X
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?	ъ	
Section C. Disclosure		
17 List the states with which a copy of this Form 990 is required to be filed ►FL		
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for		
public inspection. Indicate how you make these available. Check all that apply		
X Own website Another's website X Upon request		
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	inancial	
statements available to the public.		
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization	. <b>&gt;</b>	
JANE E. CURRAN, EXECUTIVE DIRECTOR - 407-843-0045		
250 SOUTH ORANGE AVENUE, SUITE 600P, ORLANDO, FL 32801-3340		

Form	990	(2010)	

## THE FLORIDA BAR FOUNDATION, INC.

59-1004604

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

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

Check this box if neither the organization nor any related o						npei	nsat	ed any current officer, o	director, or trustee		
(A) (B)				(C				(D)	(E)	(F)	
Name and Title	Average		Position					Reportable	Reportable	Estimated	
	hours per	(cl	(check all			арр	ly)	compensation	compensation	amount of	
	week (describe	ē						from the	from related	other	
	hours for	) H				Ba		organization	organizations (W-2/1099-MISC)	compensation from the	
	related	stee	truste		a.	bensa		(W-2/1099-MISC)	(11 2) 1000 111100)	organization	
	organizations	val tr.	onal		ploye	t com		,		and related	
	ın Schedule	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
	0)	=	=	0	׎	エあ	<u> </u>				
J. A. NOLAND, ESQ.	2 22									•	
NON-EXECUTIVE/PRESIDENT	3.00	X					_	0.	0.	0.	
M. K. CUMMINGS, ESQ.	2 00										
NON-EXECUTIVE/PRES. ELECT	3.00	X						0.	0.	0.	
MARIA E. HENDERSON										•	
NON-EXECUTIVE/1ST VP	3.00	X						0.	0.	0.	
J. C. PATTERSON, JR, ESQ.	2 00									•	
NON-EXECUTIVE/2ND VP	3.00	X						0.	0.	0.	
A. I. STONE, ESQ.	2 00									•	
NON-EXECUTIVE/IMMEDIATE PAST PRES.	3.00	X	-			-	_	0.	0.	0.	
HON. R. K. WHITEHEAD	1 50									•	
DIRECTOR	1.50	A						0.	0.	0.	
HON. M. L. CRENSHAW	1 50	<b>V</b>								•	
DIRECTOR	1.50	X						0.	0.	0.	
M. DOWNS, ESQ.	1.50	v						0.	0.	0.	
DIRECTOR	1.30	A						<u> </u>	0.	<u></u>	
S. G. HAWKINS, ESQ. DIRECTOR	1.50	v						0.	0.	0.	
J. H. DINER, ESQ.	1.30	71						<u> </u>	•	· ·	
DIRECTOR	1.50	x					ļ	0.	0.	0.	
T. W. SMALL, JR., ESQ.	1 2130					<del>                                     </del>	_				
DIRECTOR	1.50	x						0.	0.	0.	
J. B. CULPEPPER											
DIRECTOR_	1.50	Х						0.	0.	0.	
L. J. GOVONI											
DIRECTOR	1.50	X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.	
S. L. BADGER, III, ED.D											
DIRECTOR	1.50	X	<u> </u>					0.	0.	0.	
S. STARK											
DIRECTOR	1.50	X		_		_		0.	0.	0.	
P. J. CASEY, ESQ.											
DIRECTOR	1.50	X						0.	0.	0.	
R. R. PARDO, ESQ.											
DIRECTOR	1.50	<u> </u>		L	L	l .	<u> </u>	0.	0.	0.	
										Earm <b>QQA</b> (2010)	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
. (A)	(B)	(B) (C)						(D)	(E)	(F)	
Name and title	Average	١.,		Pos				Reportable	Reportable	Estimated	
	hours per week	(cl	heck	all 1	that	арр	ly)	compensation	compensation	amount of	
	(describe	횭						from the	from related	other	
	hours for	or director				pa		organization	organizations (W-2/1099-MISC)	compensation from the	
	related	Stee 0	ustee			ensal		(W-2/1099-MISC)	(** 2) 1000 (**100)	organization	
	organizations	la la	nstitutional trustee		Key employee	Highest compensated employee		,		and related	
	ın Schedule	divide	strutic	Officer	y emp	ghest	Former			organizations	
	O)	르	Ĕ	<u>5</u>	32	₹ 5	P.				
A. J. CARRIUOLO, ESQ.											
DIRECTOR	1.50	X						0.	0.	0.	
J. E. LIPPMAN, ESQ.								_	_	_	
DIRECTOR	1.50	X	ļ					0.	0.	0.	
D. C. MACKENZIE, ESQ.								_	_		
DIRECTOR	1.50	X						0.	0.	0.	
K. D. WESTON, ESQ.								_	_		
DIRECTOR	1.50	X						0.	0.	0.	
M. G. BRENNER, ESQ.					ĺ				_	_	
DIRECTOR	1.50	X						0.	0.	0.	
V. H. LEONARD, ESQ.	1									_	
DIRECTOR	1.50	X	<u> </u>					0.	0.	0.	
D. E. THOMAS, ESQ.	1									•	
DIRECTOR	1.50	X			ļ			0.	0.	0.	
J. C. JARAMILLO, ESQ.	1 50	,,								•	
DIRECTOR	1.50	X						0.	0.	0.	
D. M. HALSEY, ESQ.	1 1 50	,,								•	
DIRECTOR	1.50	<u>X</u>				Ļ		0.	0.	<u> </u>	
1b Sub-total								0.	0.	0.	
c Total from continuation sheets to Part	VII, Section A							631,681.	0.	135,763.	
d Total (add lines 1b and 1c)						<u> </u>		631,681.		135,763.	

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

Yes No 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 3 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 X 4 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**

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)	(C)
Name and business address	Description of services	Compensation
MORGAN STANLEY SMITH BARNEY, INC., 195		
BROADWAY, 18TH FLOOR, NEW YORK, NY 10007	INVESTMENT ADVISORS	280,035.
PS TECHNOLOGIES, INC., 1327 NORTH	GRANTS MGMT SOFTWARE	
MILWAUKEE AVENUE, CHICAGO , IL 60622	CONSULTING	252,475.
THE RESOURCE FOR GREAT PROGRAMS, INC.,	IOTA PROGRAM	
3055 CASS RD, STE 102-B, TRAVERSE CITY, MI	CONSULTING	160,603.
AVERETT WARMUS DURKEE OSBURN HENNING		
1417 EAST CONCORD STREET, ORLANDO, FL 32803	ACCOUNTING SERVICES	110,055.
CENTER FOR LEGAL AID EDUCATION, 89 SOUTH	TRAINING/LEADERSHIP	
STREET, SUITE 404, BOSTON, MA 02111	INITIATIVE	105,547.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 in compensation from the organization		
		· · · · · · · · · · · · · · · · · · ·

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

THE FLORIDA BAR FOUNDATION, INC.

59-1004604

art VII Section A. Officers, Directors, Trustees, Key Employees, and Highes								t Compensated Employees (continued)				
. (A)	(B)							(D)	(F)			
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated		
	hours	(cl	(check all that apply)		compensation	compensation	amount of					
	per							from	from related	other		
	week	ڀ				oyee		the	organizations	compensation		
	1	lec E				emp		organization	(W-2/1099-MISC)	from the		
		or d	ee			sated		(W-2/1099-MISC)		organization and related		
		ndividual trustee or director	nstitutional trustee		99/	ubeu				organizations		
		dualt	tiona		oldu	stcor	_			Organizations		
		Ja ja	nstılı	Officer	Key employee	Highest compensated employee	Богте					
UON E D MUONDON ID		-			_		-					
HON. E. R. THOMPSON, JR. DIRECTOR	1.50	x						0.	o.	0.		
J. W. COLE, ESQ.	1.30											
	1.50	x						0.	0.	0.		
DIRECTOR	1.50	Λ	-	-			-	0.		<u></u>		
M. J. FAEHNER, ESQ.	1.50	v				-		0.	0.	0.		
DIRECTOR	1.50	^						0.	0.	<u> </u>		
P. N. KABLER, ESQ.	1 50	v						0.	_	0		
DIRECTOR	1.50	^				$\vdash$		0.	0.	0.		
G. F. KNOX, JR., ESQ.	1 50	v						0.	0.	0		
DIRECTOR	1.50	^				$\vdash$	$\vdash$	U •		0.		
D. M. KRUSBE, ESQ.	1 50	v						0.	0.	0		
DIRECTOR	1.50	^	<del> </del>	_	ļ	-	-	0.	0.	0.		
L. C. MARLIN, ESQ.	1 50	7.7								^		
DIRECTOR	1.50	A						0.	0.	0.		
JANE E. CURRAN	F0 00			7.				140 104		22 400		
EXECUTIVE DIRECTOR/CEO	50.00		ļ	X				148,104.	0.	33,489.		
LOU ANN POWELL	<b>50.00</b>							445 000		00 000		
CHIEF FINANCIAL OFFICER	50.00	ļ	-	X	ļ			115,893.	0.	29,939.		
CAROL WHERRY	40.00							60.663		14 000		
SEC./ASS'T TO EXEC DIR.	40.00			X	-		-	62,663.	0.	14,989.		
PAUL DOYLE								150 600		24 522		
DIR. LAP/LSA GRANTS	50.00	ļ	-		X			158,602.	0.	34,682.		
TIM BACHMEYER	40.00							146 440		00 664		
DIR, PLANNED GIVING	40.00	-			_	X		146,419.	0.	22,664.		
*Jane E. Curran, Lou Ann Po	well and Ca	ro	1 A		Whe	rr	у	are executive	officers of th	ne Foundatio		
			-	<u> </u>		-	<u> </u>					
who do not sit on the gove	rning board											
					┢							
					ĺ							
					-	-	-					
					ļ							
<del></del>					$\vdash$				-			
		}										
	•	$\vdash$			$\vdash$	$\vdash$						
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			1									
·		$\vdash$	H		H	t		-				
			1		1							
	<u> </u>	<del></del>	1	1		_						
Total to Part VII, Section A, line 1c								631,681.		135,763.		
				_					<del></del>			

	•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	All other contributions, gifts, gran similar amounts not included abo	ts, and ve 1f 6,	114,885. 111,629.	10226514.			
Program Service Revenue	2 a b c d e f	All other program service reve		Business Code				
	3 4 5	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta Royalties		<b>•</b>	1,435,332.			1435332.
	С	Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real	(ii) Personal				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 44048699 40824707 3223992.	(ii) Other				
Other Revenue	d	Gain or (loss)  Net gain or (loss)  Gross income from fundraisin including \$  contributions reported on line  Part IV, line 18	g events (not of 1c). See		3,223,992.			3223992.
Other	с 9 а	Less direct expenses.  Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	=	<b>&gt;</b>				
	c 10 a b	Less direct expenses Net income or (loss) from gam Gross sales of inventory, less and allowances Less. cost of goods sold	returns a b	•				
	11 a b c	Miscellaneous Revenue  ANNUAL DINNER  CY PRES AWARDS  MISCELLANEOUS  All other revenue		Business Code 900099 900099 900099	15,120. 3,560. 16.	15,120. 3,560. 16.		
03200 12-21	e 12	Total. Add lines 11a-11d  Total revenue See instructions.	-	<b>&gt;</b>	18,696. 14904534.	18,696.	0.	4659324 . Form <b>990</b> (2010)

# 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 (A) Total expenses (B) (C) Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 33,940,995. 33,940,995 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 1,484,889. 1,484,889 Grants and other assistance to governments. organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 597,904 10,154 587,750 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,159,561. Other salaries and wages 8,569. 903,614. 247,378. Pension plan contributions (include section 401(k) 107,264 <u>19,14</u>7. 294 and section 403(b) employer contributions) 87,823. Other employee benefits 129,182. 365 109,307 19,510. 9 126,186. 1,183. 10 Payroll taxes 109,035. 15,968. Fees for services (non-employees) 11 Management 8,320 8,320. Legal b Accounting 100,168 100.168. c Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 283,037 283,037. f g 17,695 9,275 8,420. 12 Advertising and promotion 153 13 Office expenses 99,238. 84,711. 14,374. 153,346. 132,490. 14 Information technology 20,856. 15 Royalties 239,015 239,015 16 Occupancy 4,253 84,185. 58,919. 21,013. Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 112,618. Conferences, conventions, and meetings 88,830. 23,788. 19 7,054. 7,054. Interest 20 Payments to affiliates 53,186. 53,186. 21 183,697. Depreciation, depletion, and amortization 183,697. 22 60 23 Insurance 29,637. 29,577. Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 257,075. 257,075 GRANT PRGM. DEVELOPMENT PROFESSIONAL SVCS. 254,976. 43,616 204,766. 6,594. c REIMBURSED EXPENSES 50,234. 48,108. 2,126. DUES AND SUBSCRIPTIONS 24,593. 23,299. 1,294. 15,200. BAD DEBT PROVISION 15,200 2,450 25.185. 17,383. 5,352. f All other expenses 35,769,256. 39,544,440. 25 Total functional expenses Add lines 1 through 24f 3,369,364. 405,820. Joint costs. Check here 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

Pai	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	200.	1	200.
	2	Savings and temporary cash investments	36,064,097.	2	21,288,397.
	3	Pledges and grants receivable, net	2,618,942.	3_	622,342.
	4	Accounts receivable, net	23,532.	4	6,757.
	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			
Ø		employees' beneficiary organizations (see instructions)	500.050	6	
Assets	7	Notes and loans receivable, net	523,970.		520,330.
As	8	Inventories for sale or use	100 525	8	156 001
	9	Prepaid expenses and deferred charges	190,535.	9	156,801.
	10a	Land, buildings, and equipment: cost or other			
	١.	basis Complete Part VI of Schedule D  10a 1,028,664		10	E05 277
	l	Less. accumulated depreciation 10b 523, 387 Investments - publicly traded securities	. 696,329. 47,771,232.		505,277. 38,585,982.
	11 12	Investments - other securities. See Part IV, line 11	3,991,475.	11 12	4,045,572.
	13	Investments - program-related. See Part IV, line 11	3,331,413.	13	4,043,312.
	14	Intangible assets	•	14	
	15	Other assets See Part IV, line 11	234,898.	+	172,946.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	92,115,210.	16	65,904,604.
	17	Accounts payable and accrued expenses	440,011.		255,024.
	18	Grants payable	14,759,054.		10,430,817.
	19	Deferred revenue	2,114,592.		1,029,565.
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D	12,562.	21	15,670.
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iab		highest compensated employees, and disqualified persons. Complete Part II			
_	i i	of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	67,329.		50,731.
	26	Total liabilities. Add lines 17 through 25	17,393,548.	26	11,781,807.
		Organizations that follow SFAS 117, check here X and complete			
ces		lines 27 through 29, and lines 33 and 34.	74 652 164		   E4 044 122
lan	27	Unrestricted net assets	74,653,164.		54,044,123.
Ba	28	Temporarily restricted net assets	68,498.		78,674.
Ē	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here   and		29	
Ē		complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĭ,	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	74,721,662.		54,122,797.
	34	Total liabilities and net assets/fund balances	92,115,210.		65,904,604.
					Form 990 (2010)

Form **990** (2010)

Part XI   Reconciliation of Net Assets   Check if Schedule O contains a response to any question in this Part XI   Total revenue (must equal Part VIII, column (A), line 12)   1
Total revenue (must equal Part VIII, column (A), line 12)  1 Total revenue (must equal Part VIII, column (A), line 12)  2 Total expenses (must equal Part IX, column (A), line 25)  3 Revenue less expenses. Subtract line 2 from line 1  4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Other changes in net assets or fund balances (explain in Schedule O)  6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 S4,122,797.  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII  X  Yes No  1 Accounting method used to prepare the Form 990: Cash X Accrual Other  if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a X  b Were the organization's financial statements audited by an independent accountant?  2b X  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 S4,122,797.  Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2a X  b Were the organization of its financial statements and selection of an independent accountant?  2b X
2 Total expenses (must equal Part IX, column (A), line 25)  3 Revenue less expenses. Subtract line 2 from line 1  4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Other changes in net assets or fund balances (explain in Schedule O)  6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 Total expenses (must equal Part IX, line 33, column (B))  7 Total expenses (must equal Part IX, line 33, column (B))  8 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must expenses)  9 Total expenses (mustexpenses)  9 Total e
2 Total expenses (must equal Part IX, column (A), line 25)  3 Revenue less expenses. Subtract line 2 from line 1  4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Other changes in net assets or fund balances (explain in Schedule O)  6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 Total expenses (must equal Part IX, line 33, column (B))  7 Total expenses (must equal Part IX, line 33, column (B))  8 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must equal Part IX, line 33, column (B))  9 Total expenses (must expenses)  9 Total expenses (mustexpenses)  9 Total e
Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990:  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  The individual of the sudit, review, or compilation of its financial statements and selection of an independent accountant?  2 X  Compile to the sequence of the sudit, review, or compilation of its financial statements and selection of an independent accountant?  Accounting method used to prepare the Form 990:  Cash X Accrual Other  Other  Other  Other  Other  Other  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  5 Other changes in net assets or fund balances (explain in Schedule O)  6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  6 S4, 122, 797.  Part XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2b X  2c X
Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X
Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 54,122,797.    Part XII  Financial Statements and Reporting   Check if Schedule O contains a response to any question in this Part XII   X   X   Yes   No
Check if Schedule O contains a response to any question in this Part XII  Check if Schedule O contains a response to any question in this Part XII  Yes No  Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X
Check if Schedule O contains a response to any question in this Part XII  Yes No  Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a X  b Were the organization's financial statements audited by an independent accountant?  2b X  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X
Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  2a X  b Were the organization's financial statements audited by an independent accountant?  2b X  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X
Were the organization's financial statements compiled or reviewed by an independent accountant?  b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2a
b Were the organization's financial statements audited by an independent accountant?  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2b X  2c X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X
review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a
separate basis, consolidated basis, or both.
Separate basis X Consolidated basis Both consolidated and separate basis
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit
Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit
or audits, explain why in Schedule O and describe any steps taken to undergo such audits.
Form <b>990</b> (2010)

### 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.

OMB No 1545-0047

Open to Public

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).

A school described in section 170(b)(1)(A)(iii). (Attach Schedule E.)

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 (i) of your support? governing document? U.S.? above or IRC section (see instructions)) Yes No Yes No Yes No

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

Schedule A (Form 990 or 990-EZ) 2010

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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (c) 2008(e) 2010 (f) Total (b) 2007 (d) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 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 Section B. Total Support Calendar year (or fiscal year beginning 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 activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2009 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here, Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

(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

Sec	ction A. Public Support	selow, please com	plete Part II )				
_	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(5) Total
	Gifts, grants, contributions, and	(a) 2000	(b) 2007	(6) 2008	(4) 2009	(e) 2010	(f) Total
•	membership fees received (Do not						
	include any "unusual grants.")	75208003	16051112	12076471	0756005	10226514	154208905
2	Gross receipts from admissions,	73290003.	40931112.	129/04/1.	6730803.	10220314	134200303
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						<del> </del>
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	75298003.	46951112.	12976471.	8756805.	10226514.	154208905
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					}	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						154208905
	ction B. Total Support	T					
	ndar year (or fiscal year beginning in)		(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	Amounts from line 6 Gross income from interest,	15498003.	46931112.	<u>12</u> 976471.	8/30803.	10226514	154208905
102	dividends, payments received on securities loans, rents, royalties	3000004	5005060	2700402	0014630	1.425220	16554055
	and income from similar sources	3889904.	5225968.	3788423.	2214630.	1435332	16554257.
b	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	300004	F00F060	2500402	0014600	1425220	16554055
	Add lines 10a and 10b  Net income from unrelated business	3889904.	5225968.	3788423.	2214630.	1435332	16554257.
••	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)	8,110.	12,820.	11,705.	11,259.	18,696.	62,590.
13	Total support (Add lines 9, 10c, 11, and 12)	79196017.	52189900.				170825752
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thu	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Pub	lic Support Pe	rcentage				
15	Public support percentage for 2010 (	(line 8, column (f) d	livided by line 13,	column (f))		15	90.27 %
16	Public support percentage from 2009	3 Schedule A, Part	III, line 15			16	92.78 %
Sec	ction D. Computation of Inve	stment Incom	e Percentage			<del>-</del>	
17	Investment income percentage for 20	010 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	9.69 %
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	7.20 %
	33 1/3% support tests - 2010. If the			on line 14, and line	15 is more than 3	33 1/3%, and line	
	more than 33 1/3%, check this box a	and stop here. The	e organization qua	lifies as a publicly s	supported organiz	ation	►X
b	33 1/3% support tests - 2009. If the	organization did r	not check a box or	n line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anızatıon qualıfies a	as a publicly supp	orted organization	¬ ▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

Schedule A (Form	n 990 or 990	) EZ) 2010 '	THE FLO	DRID	A BAR	FOUNDA	MOIT	, INC.		<u>59-10</u>	<u>04604</u>	Page 4
Part IV Sur	pplement	tal Inform	ation. Con	nplete th	nis part to	provide the e	xplanatio	ns required	by Part II, line	10, Part II, I	ine 17a or 1	17b;
and	Part III, line	12. Also co	mplete this p	part for a	iny additio	nal information	on. (See ii	nstructions).				
SCHEDULE	A, PA	RT III	, LINE	12,	EXPL	ANATION	FOR	OTHER	INCOME	:		
ANNUAL DI	INNER											
MISCELLAN	NEOUS											
CY PRES A	WARDS											
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### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

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

Inspection

OMB No 1545-0047

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

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

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

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

Section 527 organizations. Complete Part I-A only.

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

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

	tions Complete Part III.	*	· · · · · · · · · · · · · · · · · · ·	
Name of organization	_		E	mployer identification number
THE FLO	RIDA BAR FOUNDAT	ION, INC.		<u> 59-1004604</u>
Part I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 52	organization.
A. Dun also also as the confile			5	
Provide a description of the organiz     Political available and the control of the organization of t	zation's direct and indirect politic	al campaign activities		•
<ul><li>2 Political expenditures</li><li>3 Volunteer hours</li></ul>	-		•	<b>&gt;</b> \$
3 Volunteer nours				
Part I-B Complete if the org	ganization is exempt und	er section 501(c)	(3).	
1 Enter the amount of any excise tax	incurred by the organization und	ler section 4955	1	<b>\$</b>
2 Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5 I	<b>&gt;</b> \$
3 If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV		1: - 504/ \		04/-1/01
Part I-C   Complete if the org	ganization is exempt und	er section 501(c)	, except section 5	U1(c)(3).
Enter the amount directly expended		•		<b>S</b>
2 Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for s		
exempt function activities				<b>&gt;</b> \$
3 Total exempt function expenditures	s. Add lines 1 and 2 Enter here a	ind on Form 1120-POL		
line 17b				►\$NoNoNoNoNoNoNo
4 Did the filing organization file Form				res rac
5 Enter the names, addresses and er	mployer identification number (El		olitical organizations to	which the filing organization
5 Enter the names, addresses and er made payments For each organiza	mployer identification number (El ition listed, enter the amount pair	d from the filing organi	olitical organizations to v zation's funds Also ent	which the filing organization er the amount of political
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr	nployer identification number (El ition listed, enter the amount pai omptly and directly delivered to	d from the filing organi a separate political org	olitical organizations to vization's funds Also ent janization, such as a se	which the filing organization er the amount of political
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	plitical organizations to vization's funds. Also ent panization, such as a sell IV	which the filing organization er the amount of political parate segregated fund or a
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr	nployer identification number (El ition listed, enter the amount pai omptly and directly delivered to	d from the filing organi a separate political org	political organizations to vization's funds. Also ent panization, such as a sell IV  (d) Amount paid from	which the filing organization er the amount of political parate segregated fund or a  m (e) Amount of political
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	plitical organizations to vization's funds. Also ent panization, such as a sell IV	which the filing organization er the amount of political parate segregated fund or a temporal (e) Amount of political contributions received and promptly and directly
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	colitical organizations to vization's funds. Also entipanization, such as a security  (d) Amount paid from filing organization.	which the filing organization er the amount of political parate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	colitical organizations to vization's funds. Also entipanization, such as a security  (d) Amount paid from filing organization.	which the filing organization er the amount of political parate segregated fund or a temporal (e) Amount of political contributions received and promptly and directly
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	colitical organizations to vization's funds. Also entipanization, such as a security  (d) Amount paid from filing organization.	which the filing organization or the amount of political orarate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	colitical organizations to vization's funds. Also entipanization, such as a security  (d) Amount paid from filing organization.	which the filing organization or the amount of political orarate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	colitical organizations to vization's funds. Also entipanization, such as a security  (d) Amount paid from filing organization.	which the filing organization or the amount of political orarate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	colitical organizations to vization's funds. Also entipanization, such as a security  (d) Amount paid from filing organization.	which the filing organization or the amount of political orarate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	colitical organizations to vization's funds. Also entipanization, such as a security  (d) Amount paid from filing organization.	which the filing organization or the amount of political orarate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	colitical organizations to vization's funds. Also entipanization, such as a security  (d) Amount paid from filing organization.	which the filing organization or the amount of political orarate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	colitical organizations to vization's funds. Also entipanization, such as a security  (d) Amount paid from filing organization.	which the filing organization or the amount of political orarate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization
5 Enter the names, addresses and er made payments For each organiza contributions received that were pr political action committee (PAC). If	mployer identification number (El ition listed, enter the amount pai omptly and directly delivered to additional space is needed, prov	d from the filing organi a separate political org ride information in Part	colitical organizations to vization's funds. Also entipanization, such as a security  (d) Amount paid from filing organization.	which the filing organization or the amount of political orarate segregated fund or a  (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990 EZ) 2010  Part II-A   Complete if the org	anization is ex	IDA BAR FOUNI kempt under section	OATION, INC. on 501(c)(3) and file	59-: ed Form 5768	1004604 Page 2
(election under sec	tion 501(h)).				
A Check Lift the filing organiza	•	• .			
Limi	ts on Lobbying Ex	A and "limited control" pripenditures nounts paid or incurred.		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinio	on (grass roots lobbying)			
b Total lobbying expenditures to influ	uence a legislative l	body (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)			<del></del>	
d Other exempt purpose expenditure	es .				
e Total exempt purpose expenditure	s (add lines 1c and	l 1d)			
f Lobbying nontaxable amount. Ente	er the amount from	the following table in bo	th columns.		
If the amount on line 1e, column (a) o	r(b) is: The	lobbying nontaxable am	nount is:		
Not over \$500,000	20%	of the amount on line 1e	).		
Over \$500,000 but not over \$1,000	0,000 \$100	,000 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175	,000 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225	,000 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000	\$1,00	00,000.			
g Grassroots nontaxable amount (en	iter 25% of line 1f)				
h Subtract line 1g from line 1a If zer	o or less, enter -0-				
i Subtract line 1f from line 1c if zero	or less, enter -0-				
j If there is an amount other than ze	ro on either line 1h	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?				Yes No
	ations that made	Averaging Period Under a section 501(h) election the instructions for line	n do not have to comp		
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period	<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					1
(150% of line 2a, column(e))					
c Total lobbying expenditures					
				-	
d Grassroots nontaxable amount					<del> </del>
e Grassroots ceiling amount (150% of line 2d, column (e))					
(150% of line 2d, coldifilit(e))					+
Grassroots lobbuing expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 THE FLORIDA BAR FOUNDATION, INC. 59-1004604 Page 3 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: X a Volunteers? Х b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? d Mailings to members, legislators, or the public? X X e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? X 7,094. g Direct contact with legislators, their staffs, government officials, or a legislative body? X X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? If "Yes," describe in Part IV X 7,094 j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? X b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered

	"Yes."		
1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year .	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	
Par	t IV Supplemental Information		

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, and Part II-B, line 1: Also, complete this part for any additional information

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

LOBBYING ACTIVITIES WERE IN CONGRESS TO SECURE/INCREASE FUNDING FOR THE LEGAL SERVICES CORPORATION.

### SCHEDULE D

(Form 990)

Department of the Treasury

# Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

59-1004604 THE FLORIDA BAR FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2010 THE FLOI	RIDA BAR FO	OUNDATION,	INC.		!	59-10	<u>04604</u>	Page 2
Pai	rt III Organizations Maintaining C				r Othe				
3	Using the organization's acquisition, accession								
	(check all that apply)	,	-,			,			
а	Public exhibition	d	Loan or excl	hange progra	ıms				
b	Scholarly research	e		nange progra					
c	Preservation for future generations	·							
4	Provide a description of the organization's co	diactions and explain	n how they further th	ne organizatio	on's ever	ant nurna	sco in Don	· VIV	
5	During the year, did the organization solicit or						ose iii i ai	LAIV	
·	to be sold to raise funds rather than to be ma				or Sirring	assets	Γ	Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang				'Voc" to E		Port IV		<u> NO</u>
	reported an amount on Form 990, Par		ote ii trie organizatio	ii answored	163 (01	01111 330	, r art iv, i	iii le 3, 0i	
12	Is the organization an agent, trustee, custodia		liany for contribution	s or other as	eate not i	ncluded			
	on Form 990, Part X?	an or other intermed	mary for contribution	is or other as.	3613 1101 1	riciaaea		Yes	X No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	llowing table					ı res	LAJ NO
	Tes, explain the arrangement in Fart XIV	and complete the lo	llowing table					A marint	
С	Beginning balance					4.		Amount	
	Additions during the year					1c			
d	Distributions during the year	•				1d			
f	Ending balance					1e			
2a	Did the organization include an amount on Fo	orm 000 Bort V line	010			1f	Tv	Yes	
	If "Yes," explain the arrangement in Part XIV	Jili 990, Part A, IIIle	217				لـــــــــــــــــــــــــــــــــــــ	」 res	∟ No
	rt V   Endowment Funds. Complete if	the organization an	swered "Ves" to For	rm 990 Part	IV line 10	<u> </u>	_		<del></del>
		(a) Current year	(b) Prior year	(c) Two year			roare bank	(a) Four V	oore back
1a	Beginning of year balance			(C) TWO year	S Dack (	a) Tillee y	ears Dack	(e) Four y	sais back
b	Contributions	5,656,649.	4,777,491.						
C	Net investment earnings, gains, and losses	181,368.	<u>275,779.</u>			<del>_</del>			
d	Grants or scholarships	1,202,224.	654,416.						
_	Other expenditures for facilities		<del></del> -						
е	and programs								
	F	105.655	54 005						
	Administrative expenses End of year balance	127,657.	51,036.						
g 2	Provide the estimated percentage of the year	6,912,584.	5,656,650.						
a	Board designated or quasi-endowment	66.00	s %						
b	Permanent endowment > 31.00	<u> </u>							
C		70 %							
_	Are there endowment funds not in the posses		ation that are hold a	nd adm			-4		
Ja	by:	SSION OF THE OFGAMIZE	anon mat are neid a	nu auministei	ieu ioi in	e organiz	auon	Γū	an Na
	(i) unrelated organizations							1 1	es No X
	(ii) related organizations							3a(i)	X
ь	If "Yes" to 3a(ii), are the related organizations	lieted as required o	n Schodulo P2						X
4	Describe in Part XIV the intended uses of the							3b   .	<u>~                                     </u>
	rt VI Land, Buildings, and Equipm			<u>.</u>					
			i	or other	(-) ^-			(d) Deele	
	Description of investment	(a) Cost or of basis (investing	, ,	or other (other)		cumulate reciation	iu	(d) Book	/alue
1.	Land	24013 (111403111	Dasis (	(54101)	aebi	, Johanni			
	Buildings		··						
				0,744.		1 / /	0.6	E	220
9	Leasehold improvements			8,905.	1	$\frac{14,40}{30,2!}$			<u>,338.</u>
	Equipment Other	-		9,015.					<u>,653.</u>
	Other  L Add lines 1a through 1e. (Column (d) must ex	aual Form 000 Dart				78,7	47.		<u>,286.</u> 277.

Schedule D (Form 990) 2010

_	t XI Reconciliation of Change in Net Assets from Form 990 to		inancial State		604 Page 4
	Total revenue (Form 990, Part VIII, column (A), line 12)		1		<del></del>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	<u> </u>	
4	Net unrealized gains (losses) on investments		4		·
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10		
	t XII Reconciliation of Revenue per Audited Financial Statemen			Return	-
1	Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	•	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
_ а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		1	
c	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d		7	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		·	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
. 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per	r Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b			
С	Other losses .	2c			
d	Other (Describe in Part XIV.)	2d		<b>」</b>	
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		<b>」</b> │	
b	Other (Describe in Part XIV)	4b		4	
С	Add lines 4a and 4b			4c	
5				5	
Pa	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III				
	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comp				
PAI	RT IV, LINE 2B: THE AMOUNT ON LINE 21 OF PA	ART X (	OF FORM 9	90 IS TH.	<u>E</u>
LIZ	ABILITY FOR PAYMENTS TO ANNUITANTS UNDER CH	HARITAI	BLE GIFT A	ANNUITIE	S. THE
RE	LATED RESTRICTED CASH ACCOUNT IS INCLUDED	IN THE	AMOUNTS (	ON LINE	15 OF
PAI	RT X OF FORM 990.				
				_	
PAI	RT V, LINE 4: PERMANENT, QUASI-ENDOWMENT, A	AND TE	RM ENDOWM	ENT FUND	S
	E HELD BY THE FLORIDA BAR FOUNDATION ENDOWN		·	VESTMENT	
DE:	THE EDON DEDNAMENT ENDOWNEND FIRES AS WEL			OMENIA 3	

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 THE FLORIDA BAR FOUNDATION, INC. 59-1004604 Page 5 Part XIV Supplemental Information (continued)
. ENDOWMENT PRINCIPAL AND INVESTMENT INCOME FUNDS ARE AVAILABLE TO PROVIDE
SUPPORT TO THE FLORIDA BAR FOUNDATION, INC. (SUPPORTED ORGANIZATION) TO
CARRY ON ITS EXEMPT PURPOSES AS REQUESTED BY THE FOUNDATION.
PART X, LINE 2: MANAGEMENT CONTINUALLY ANALYZES THE FOUNDATION'S
VARIOUS FEDERAL AND STATE FILING POSITIONS AND BELIEVES THAT ITS INCOME
TAX FILING POSITIONS AND EXEMPTION STATUS ARE WELL DOCUMENTED AND
SUPPORTED. ADDITIONALLY, MANAGEMENT BELIEVES THAT NO ACCRUALS FOR TAX
LIABILITIES RELATED TO UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED.
THEREFORE, NO RESERVES FOR UNCERTAIN INCOME TAX POSITIONS HAVE BEEN
RECORDED BY THE FOUNDATION AT JUNE 30, 2011.
THERE HAVE BEEN NO INCREASES OR DECREASES IN UNRECOGNIZED TAX BENEFITS
SINCE THE DATE OF ADOPTION. FURTHER, NO INTEREST OR PENALTIES HAVE BEEN
INCLUDED SINCE NO RESERVES WERE RECORDED AND NO SIGNIFICANT INCREASES OR
DECREASES ARE EXPECTED TO OCCUR WITHIN THE NEXT 12 MONTHS. WHEN
APPLICABLE, SUCH INTEREST AND PENALTIES WILL BE REPORTED AS A COMPONENT OF
MANAGEMENT AND GENERAL EXPENSES. THE PERIODS THAT REMAIN OPEN TO
EXAMINATION UNDER FEDERAL STATUTE ARE 2008 THROUGH 2011.

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

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

▶ Attach to Form 990.

2010

OMB No 1545-0047

Open to Public

Inspection

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

ADMINISTRATION OF JUSTICE ADMINISTRATION OF JUSTICE IN FLORIDA; GRANTS TO LAW **Employer identification number** ž BRANTS TO LAW SCHOOLS FOR 59-1004604 LEGAL ASSISTANCE FOR THE LEGAL ASSISTANCE FOR THE PROJECTS TO IMPROVE THE PROJECTS TO IMPROVE THE PUBLIC SERVICE WORK BY (h) Purpose of grant or assistance SCHOOLS FOR PUBLIC X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any AW STUDENTS IN FLORIDA SOOR recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part il can be duplicated if additional space is needed 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 non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) 0 ō Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 50,000 1,443,300 28,500 1,438,447 224,587 INC (c) IRC section if applicable FLORIDA BAR FOUNDATION, 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 38-3519708 23-7137529 65-0610872 59-0624364 59-1171886 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization - 3000 BISCAYNE BLVD, SUITE ACLU FOUNDATION OF FLORIDA, INC. AMERICANS FOR IMMIGRANT JUSTICE, BARRY UNIVERSITY SCHOOL OF LAW 4500 BISCAYNE BLVD, SUITE 340 BAY AREA LEGAL SERVICES, INC. 2ND FLOOR 829 W. M L K JR. 6441 EAST COLONIAL DRIVE or government AVE MARIA SCHOOL OF LAW - MIAMI, FL 33137 1025 COMMONS CIRCLE Name of the organization NAPLES FL 34419 ORLANDO, FL 32807 MIAMI, FL 33137 TAMPA FL 33603 Part Part II INC. 400

032101 01-13-11

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

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

BREVARD COUNTY LEGAL AID, INC.

1038 HARVIN WAY SUITE 100

ROCKLEDGE, FL 32955

Enter total number of other organizations

54.

LEGAL ASSISTANCE FOR THE

POOR

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387,315

501(C)(3)

Schedule I (Form 990) (2010)

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INC. 59-100	nizations in the United States (Schedule I (Form 990), Part II.)
BAR FOUNDATION, INC.	Governments and Or
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THE FLORIDA	nts and Other /
1 (Form 990) TE	Continuation of Gran
Schedule	Part II

(a) Name and address of (b) EIN (c) IRC section organization or government (b) ein (c) IRC section (d) Amount of (e) Amount of (f) Method of (f) organization or government (h) Method of (f) Method of (g) Method of (h) Method o	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CAMPAIGN, INC. P.O. BOX 1718 TALLAHASSEE, FL 32302	31-1811747	501(C)(3)	28,500,	0			PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA
COAST TO COAST LEGAL AID OF SOUTH FLORIDA, INC 491 N. STATE ROAD 7 - PLANTATION, FL 33317	90-0089501	501(C)(3)	71,000,	0			LEGAL ASSISTANCE FOR THE POOR
COLLINS CENTER FOR PUBLIC POLICY, INC 100 NORTH BISCAYNE BLVD, SUTE 1900 - MIAMI, FL 33132	65-0397159	501(C)(3)	96,000	0			PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA
COLOMBIAN AMERICAN SERVICE ASSOCIATION - 10300 SUNSET DRIVE #387 - MIAMI, FL 33173	65-0521589	501(C)(3)	186,007,	0			LEGAL ASSISTANCE FOR THE POOR
COMMUNITY LAW PROGRAM, INC. 501 FIRST AVE, NORTH ROOM 519 ST, PETERSBURG, FL 33701	59-2970727	501(C)(3)	133,641,	0			LEGAL ASSISTANCE FOR THE POOR
COMMUNITY LEGAL SERVICES OF MID-FLORIDA, INC 128 ORANGE AVENUE, SUITE 300 - DAYTONA BEACH, FL 32114	59-1156260	501(C)(3)	1.448.877.	0			LEGAL ASSISTANCE FOR THE POOR
CUBAN AMERICAN BAR ASSOCIATION PROBONO PROJECT, INC 1898 NORTHWEST 7TH STREET - MIAMI, FL 33125	26-0221044	501(C)(3)	194,426,	0			LEGAL ASSISTANCE FOR THE POOR
DADE COUNTY BAR ASSOCIATION LEGAL AID SOCIETY - 3RD FLOOR 123 N.W. 1ST AVE, - MIAMI, FL 33128	59-6000573	DADE COUNTY FL	1,024,689,	0			LEGAL ASSISTANCE FOR THE POOR
FLORIDA A & M UNIVERSITY COLLEGE OF LAW - 201 BEGGS AVENUE - ORLANDO, FL 32801	59-0977035	501(C)(3)	29, 250,	0			GRANTS TO LAW SCHOOLS FOR PUBLIC SERVICE WORK BY LAW STUDENTS
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Part II Continuation of Grants and Other Assistance to Governments and O	Assistance to Go		ganizations in the United States (Schedule I (Form 990), Part II	nited States (Sche	edule I (Form 99U), Pa	gr. 11 )	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2468				•			LEGAL ASSISTANCE FOR THE
LANGLAND, FL 33002 FLORIDA INSTITUTIONAL LEGAL SERVICES, INC 14260 W. NEWBERRY ROAD, SUITE 412 - NEWBERRY, FL	59-1860154	501(C)(3) 501(C)(3)	1 059 314				LEGAL ASSISTANCE FOR THE
FLORIDA INTERNATIONAL UNIVERSITY COLLEGE OF LAW - 11200 SW 8 STREET MARC 430 - MIAMI, FL 33199		STATE OF FLORIDA	126	0			LEGAL ASSISTANCE FOR THE POOR; GRANTS TO LAW SCHOOLS FOR PUBLIC SERV, WORK BY LAW STUDENTS
	59-1878598	501(C)(3)	549 505	0			LEGAL ASSISTANCE FOR THE POOR
1 T T		501(C)(3)	384,190,	0			PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA
FLORIDA LEGAL SERVICES, INC. 2425 TORREYA DRIVE TALLAHASSEE, FL 32303	59-1436126	501(C)(3)	5,079,111,	0			LEGAL ASSISTANCE FOR THE POOR
FLORIDA PARTNERS IN CRISIS 175 MARLIN DRIVE MERRITT ISLAND, FL 32952	59-3719602	501(C)(3)	48,950.	0.			PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA
FLORIDA RURAL LEGAL SERVICES, INC. P.O. BOX 24688 LAKELAND, FL. 33802	59-1225173	501(C)(3)	1,292,698,	0.			LEGAL ASSISTANCE FOR THE POOR
FLORIDA'S CHILDREN FIRST, INC. 1801 N. UNIVERSITY DR. 3RD FLOOR CORAL SPRINGS FL. 33071	52-2372998	501(C)(3)	243,120.	Ó			LEGAL ASSISTANCE FOR THE POOR

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA STATE UNIVERSITY COLLEGE OF LAW - 425 WEST JEFFERSON STREET - TALLAHASSEE. FL 32306	59-1961248	STATE OF FLORIDA	162,220.	0			LEGAL ASSISTANCE FOR THE POOR; GRANTS TO LAW SCHOOLS FOR PUBLIC SERVICE WORK BY LAW
UNIV EMEN UTH	59-1961248	STATE OF FLORIDA	112,500,	0			PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA
GUARDIANSHIP PROGRAM OF DADE COUNTY, INC 8300 NW 53RD ST., STE 402 - MIAMI, FL 33166	59-2124958	501(C)(3)	114,928,	0,			LEGAL ASSISTANCE FOR THE POOR
GULFCOAST LEGAL SERVICES, INC. 641 FIRST STREET SOUTH ST, PETERSBURG, FL 33701	59-1882749	501(C)(3)	1,998,376,	0.			LEGAL ASSISTANCE FOR THE POOR
HEART OF FLORIDA LEGAL AID SOCIETY, INC 550 E. DAVIDSON STREET - BARTOW, FL 33830	59-6215748	501(C)(3)	242,348,	0			LEGAL ASSISTANCE FOR THE POOR
HIV EDUCATION AND LAW PROJECT, INC 935 PENNSYLVANIA AVE, SUITE 101 - MIAMI BEACH, FL 33139	65-0528634	501(C)(3)	71,000.	0			LEGAL ASSISTANCE FOR THE POOR
INNOCENCE PROJECT OF FLORIDA, INC. 1100 E. PARK AVENUE TALLAHASSEE, FL 32301	20-0210812	501(C)(3)	313,373.	0			PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA
JACKSONVILLE AREA LEGAL AID, INC. 126 WEST ADAMS STREET JACKSONVILLE, FL 32202	59-0696291	501(C)(3)	2,095,996,	0			LEGAL ASSISTANCE FOR THE POOR; PROJECTS TO IMPROVE THE ADMINISTRATION OF JUSTICE IN FLORIDA
LAWYERS FOR CHILDREN AMERICA 200 S. BISCAYNE BLVD., STE 4000 MIAMI, FL 33131	06-1412355	501(C)(3)	140,080,	0			LEGAL ASSISTANCE FOR THE POOR Schedule (Form 990)
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Schedule (Form 990) THE FLORIDA BAR FOUNDATION, INC.  Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	DA BAR FO	FOUNDATION, I	INC. anizations in the Un	nited States (Sche	edule I (Form 990), Pa		59-1004604 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEE COUNTY LEGAL AID SOCIETY, INC. P.O. BOX 9205 FT. MYERS. FL 33902	59-1163686	501(¢)(3)	88 455	0			LEGAL ASSISTANCE FOR THE POOR
CACY NC.	59-2013486	501(0)(3)	1 029 920	o			LEGAL ASSISTANCE FOR THE
	59-2355881	501(0)(3)	902 69	o			LEGAL ASSISTANCE FOR THE POOR
LEGAL AID OF MANASOTA, INC. 1900 MAIN STREET, STE 302 SARASOTA, FL 34236	65-0265426	501(C)(3)	267,736.	0			LEGAL ASSISTANCE FOR THE POOR
LEGAL AID SERVICE OF BROWARD COUNTY, INC 491 N. STATE ROAD 7 (441) - PLANTATION FL. 33317	59-1547191	501(C)(3)	2 510 545	O			LEGAL ASSISTANCE FOR THE POOR
AID SOCIETY OF TRIP OF	59-6046994	501(0)(3)	310	ó			LEGAL ASSISTANCE FOR THE POOR
LEGAL AID SOCIETY OF THE ORANGE COUNTY BAR ASSOCIATION, INC 100 EAST ROBINSON STREET - ORLANDO, FL 32801	59-1208322	501(C)(3)	284	0			LEGAL ASSISTANCE FOR THE POOR
LEGAL SERVICES OF GREATER MIAMI, INC 3000 BISCAYNE BLVD., SUITE 500 - MIAMI, FL 33137	59-1227481	501(c)(3)	1,896,176	0			LEGAL ASSISTANCE FOR THE POOR
LEGAL SERVICES OF NORTH FLORIDA				c			LEGAL ASSISTANCE FOR THE
TALLAHASSEE, FL 32303	59-019/090	b01(C)(3)	821,186,	0.0			POOR

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Schedule I (Form 990) THE FLORIDA BAR FOUNDATION, INC.    Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	DA BAR FO	BAR FOUNDATION, I.	INC.	nited States (Sche	dule I (Form 990). Par		59-1004604 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST FLORIDA LEGAL SERVICES, INC 701 SOUTH J STREET - PENSACOLA FL 32502	59-1817996	501(C)(3)	719 169	0			LEGAL ASSISTANCE FOR THE POOR
, - 0 -	59-1083502	501(C)(3)	34,500,	0			GRANTS TO LAW SCHOOLS FOR PUBLIC SERVICE WORK BY LAW STUDENTS
SEMINOLE COUNTY BAR ASSOCIATION LEGAL AID SOCIETY, INC 101 W. PALMETTO AVENUE - LONGWOOD, FL 32750	59-1591554	501(C)(3)	191,932.	0			LEGAL ASSISTANCE FOR THE POOR
SOUTHERN LEGAL COUNSEL, INC. 1229 N.W. 12TH AVENUE GAINSVILLE, FL 32601	59-1726382	501(C)(3)	647,922,	0.			LEGAL ASSISTANCE FOR THE POOR
SPANISH AMERICAN LEAGUE AGAINST DISCRIMINATION, INC 900 SW 1ST ST. UNIT 202 - MIAMI, FL 33130	59-2017670	501(C)(3)	85,000.	0			LEGAL ASSISTANCE FOR THE POOR
ST. THOMAS UNIVERSITY SCHOOL OF LAW - 16401 N.W. 37TH AVENUE - MIAMI GARDENS, FL 33504	59-0949880	501(C)(3)	36,900,	0			GRANTS TO LAW SCHOOLS FOR PUBLIC SERVICE WORK BY LAW STUDENTS
STETSON UNIVERSITY COLLEGE OF LAW 1401 61ST STREET SOUTH GULFPORT, FL 33707	59-0624416	501(C)(3)	35,800,	0,			GRANTS TO LAW SCHOOLS FOR PUBLIC SERVICE WORK BY LAW STUDENTS
THE FLORIDA BAR YOUNG LAWYERS DIVISION - 651 E. JEFFERSON STREET - TALLAHASSEE, FL 32399	59-0614712	STATE OF FLORIDA	27,000,	,0			PROJECTS TO IMPROVE THE ADMINSTRATION OF JUSTICE IN FLORIDA
THE NORTH FLORIDA CENTER FOR EQUAL JUSTICE, INC 2121 DELTA BOULEVARD - TALLAHASSEE, FL 32303 LHA	26-0181144	501(C)(3)	449,449,	0			LEGAL ASSISTANCE FOR THE POOR Schedule I (Form 990)

59-1004604 Page 1	(h) Purpose of grant or assistance	LEGAL ASSISTANCE FOR THE POOR	GRANTS TO LAW SCHOOLS FOR PUBLIC SERVICE WORK BY LAW STUDENTS	LEGAL ASSISTANCE FOR THE POOR, GRANTS TO LAW SCHOOLS FOR PUBLIC SERVICE WORK BY LAW			
	(g) Description of non-cash assistance						
ON, INC. and Organizations in the United States (Schedule I (Form 990), Part II)	(f) Method of valuation (book, FMV, appraisal, other)						
nited States (Sch	(e) Amount of non-cash assistance	0	*0	*0			
INC.	(d) Amount of cash grant	451,819.	29,500,	143,842,			
UNDATION, II	(c) IRC section if applicable	501(C)(3)	STATE OF FLORIDA	501(C)(3)			
DA BAR FC Assistance to Go	(b) EIN	59-1797499	23-7405773	59-0624458			
Schedule I (Form 990) THE FLORIDA BAR FOUNDATION,   Part II   Continuation of Grants and Other Assistance to Governments and C		THREE RIVERS LEGAL SERVICES 901 N.W. 8TH AVENUE, STE D-5 GAINSVILLE, FL 32601	UNIVERSITY OF FLORIDA LEVIN COLLEGE OF LAW - P.O. BOX 14412 - GAINSVILLE, FL 32604	UNIVERSITY OF MIAMI 1311 MILLER DRIVE, STE F305 CORAL GABLES, FL 33146			

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Schedule I (Form 990)

59-1004604 INC. THE FLORIDA BAR FOUNDATION,

Page 2

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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 o Ö Ö (d) Amount of non-cash assistance 1,053,989 158,400 115,500 (c) Amount of cash grant 205 21 (b) Number of recipients ASSISTANCE/FORGIVENESS TO LAW SCHOOL GRADUATES EMPLOYED BY QUALIFIED LEGAL AID ORGANIZATIONS. EQUAL JUSTICE WORKS PROGRAM CLASS OF 2009-11 (a) Type of grant or assistance LAW SCHOOL EDUCATIONAL DEBT REPAYMENT SUMMER FELLOWSHIP PROGRAM Schedule I (Form 990) (2010) Part III

Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information WITHIN A SPECIFIED LINE 2: EACH FOUNDATION GRANTEE PART I SCHEDULE I

Ö

157,000

EQUAL JUSTICE WORKS PROGRAM CLASS OF 2010-12

IS REQUIRED TO SUBMIT ON FORMS TIME FOLLOWING THE END OF THE GRANT PERIOD,

THE FOUNDATION A NARRATIVE REPORT AND A FISCAL REPORT ON PROVIDED BY

EXPENDITURE OF GRANT FUNDS.

IN ADDITION, FOR LEGAL ASSISTANCE FOR THE POOR

GENERAL SUPPORT AND CERTAIN OTHER LEGAL ASSISTANCE FOR THE POOR GRANTEES

THESE VISITS RESULT IN PERIODIC ON-SITE PEER REVIEW VISITS ARE CONDUCTED.

WRITTEN REPORTS PROVIDED TO THE GRANTEES.

THE FOUNDATION FOLLOWS UP WITH

THE GRANTEES WHEN SUGGESTED OR REQUIRED PERFORMANCE IMPROVEMENTS ARE MADE

IN THE ON-SITE PEER REVIEW REPORTS

032102 01-13-11

## SCHEDULE J (Form 990)

# **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

THE FLORIDA BAR FOUNDATION, INC.

Employer identification number

59-1004604

Fe	41 L I	Questions Regarding Compensation			
				Yes	No
1a	Chec	ck the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part '	VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
		First-class or charter travel Housing allowance or residence for personal use	- 1		
		Travel for companions Payments for business use of personal residence			ı
		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
		Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
h	lf any	y of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
		oursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2		he organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,	-10		
_		ees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	Hust	ees, and the OLO/Lxecutive Director, regarding the items checked in line 14:			
3	Indic	ate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO	/Executive Director. Check all that apply			
		Compensation committee Written employment contract			
		Independent compensation consultant  X Compensation survey or study			
		Form 990 of other organizations  X Approval by the board or compensation committee			
4	Durin	ng the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	orgai	nization or a related organization:			
а	Rece	eive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Parte	cipate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Parti	cipate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Ye	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only	section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	_	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	-	ingent on the revenues of			
а	The o	organization?	5a		X
b	Any i	related organization?	5b		X
	If "Ye	es" to line 5a or 5b, describe in Part III.			
6	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
		ingent on the net earnings of			
а	The o	organization? .	6a		X
b	Any	related organization?	6b		X
	If "Ye	es" to line 6a or 6b, describe in Part III.			
7	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			İ
		lescribed in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were	e any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
		Contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Ye	es" to line 8, did the organization also follow the rebuttable presumption procedure described in			
		ulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(F)
(A) Name	1	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	146,836.	0	1,268.	21,903.	11,586.	181,593.	0.
1 JANE E. CURRAN			0.	0.	0.	0	0	0
	(3)	158,602.	0.	0	23,	11,014.	193,284.	0.
2 PAUL DOYLE	(ii)	0	0.	0.			0	0
	(i)	146,190.	0.	229.	17,445.	5,219.	169,083.	0.0
3 TIM BACHMEYER	(E)	0	0.	0.		0	0.	0
	(3)							
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9	(ii)							
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7	(E)							
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8	(E)							
	Ξ							
6	(ii)							
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Schedule J (Form 990) 2010

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

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THE FLORIDA BAR FOUNDATION. INC Employer identification number

59-1004604 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LAWYERS AND THE SUPREME COURT OF FLORIDA, IS TO PROVIDE GREATER ACCESS TO JUSTICE. THE FOUNDATION WILL ACCOMPLISH ITS MISSION PRIMARILY THROUGH FUNDING OF PROGRAMS WHICH EXPAND AND IMPROVE REPRESENTATION AND ADVOCACY ON BEHALF OF LOW-INCOME PERSONS IN CIVIL LEGAL MATTERS; IMPROVE THE FAIR AND EFFECTIVE ADMINISTRATION OF JUSTICE; AND PROMOTE SERVICE TO THE PUBLIC BY MEMBERS OF THE LEGAL PROFESSION BY MAKING PUBLIC SERVICE AN INTEGRAL COMPONENT OF THE LAW SCHOOL EXPERIENCE. FORM 990, PART I, LINE 22: RECONCILIATION THE PRECEDING YEAR'S ENDING NET ASSETS OR FUND BALANCES OF \$74,721,662 RECONCILES TO THE ENDING NET ASSETS OR FUND BALANCES OF \$54,122,797 FOR THE CURRENT YEAR BY SUBTRACTING THE LOSS (REVENUE LESS EXPENSES) OF <\$24,639,906>, CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS OF <\$566>, AND BY ADDING UNREALIZED GAINS ON SECURITIES OF \$2,954,081, AND THE

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXPAND AND IMPROVE REPRESENTATION AND ADVOCACY ON BEHALF OF LOW-INCOME PERSONS IN CIVIL LEGAL MATTERS; IMPROVE THE FAIR AND EFFECTIVE ADMINISTRATION OF JUSTICE; AND PROMOTE SERVICE TO THE PUBLIC BY MEMBERS OF THE LEGAL PROFESSION BY MAKING PUBLIC SERVICE AN INTEGRAL COMPONENT OF THE LAW SCHOOL EXPERIENCE.

RETURN OF UNSPENT GRANT FUNDS OF \$1,087,526.

THE FLORIDA BAR FOUNDATION, INC.

Employer identification number 59-1004604

FORM 990, PART VI, SECTION A, LINE 2: THE IMMEDIATE PAST PRESIDENT OF THE FLORIDA BAR FOUNDATION IS MARRIED TO A DIRECTOR OF THE FOUNDATION.

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

FISCAL YEAR ENDED JUNE 30, 2011 WAS SENT BY E-MAIL TO THE FOUNDATION'S

NON-EXECUTIVE OFFICERS AND DIRECTORS BEFORE FILING. NON-EXECUTIVE OFFICERS

AND DIRECTORS WERE ASKED TO ACKNOWLEDGE RECEIPT OF THE FORM 990 AND INVITED

TO CONTACT THE CEO OR CFO WITH ANY OUESTIONS OR CONCERNS.

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

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE CEO/EXECUTIVE

DIRECTOR IS BASED ON COMPARABLE DATA FROM THE COUNCIL ON FOUNDATIONS FOR

THE SOUTHEAST UNITED STATES AND BY A SURVEY OF CEOS/EXECUTIVE DIRECTORS OF

032212
01:24-11
Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization  THE FLORIDA BAR FOUNDATION, INC.	Employer identification number 59-1004604
SIMILAR ORGANIZATIONS (IOLTA ANNUAL SALARY SURVEY). COMP	ENSATION IS
REVIEWED ANNUALLY BY A COMMITTEE APPOINTED BY THE FOUNDAT	ION'S PRESIDENT TO
EVALUATE THE CEO/EXECUTIVE DIRECTOR AND ACTED ON ANNUALLY	BY THE BOARD OF
DIRECTORS.	
COMPENSATION FOR OTHER EXECUTIVE OFFICERS (TREASURER/CFO	AND
SECRETARY/ASSISTANT TO THE EXECUTIVE DIRECTOR) IS SET ANN	UALLY BY THE
CEO/EXECUTIVE DIRECTOR. SUCH COMPENSATION IS REVIEWED AND	NUALLY BY THE
FINANCE & AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR I	NCLUSION IN THE
COMING YEAR'S OPERATING BUDGET. THE OPERATING BUDGET IS	APPROVED ANNUALLY
BY THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S FORM	ORM 990, FORM
1023, GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONF	LICT OF INTEREST
POLICY ARE AVAILABLE, WITHOUT CHARGE, UPON REQUEST IN PER	SON OR BY
TELEPHONE, MAIL, E-MAIL, OR REQUEST THROUGH OUR WEBSITE.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
RETURN OF UNSPENT GRANT FUNDS	1,087,526.
UNREALIZED GAINS ON MARKETABLE SECURITIES	2,954,081.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-566.
TOTAL TO FORM 990, PART XI, LINE 5	4,041,041.
FORM 990, PART XII, LINE 2C:	
THE FOUNDATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OR S	ELECTION
PROCESS FROM PRIOR YEAR.	

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

Name of the organization

Part

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No 1545-0047

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ▶ Attach to Form 990. **Employer identification number** 59-1004604 INC. THE FLORIDA BAR FOUNDATION,

Schedule R (Form 990) 2010 (g) Section 512(b)(13) Ŷ × controlled entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if 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.) Direct controlling End-of-year assets status (if section Public charity 501(c)(3)) 11 TYPE 1 Total income Exempt Code section 501(C)(3) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) FLORIDA THE FLORIDA BAR FOUNDATION ENDOWMENT TRUST - TO PROVIDE SUPPORT TO THE FLA BAR FNDN. TO CARRY ON Primary activity Primary activity ITS EXEMPT PURPOSES 59-6972443, 250 SOUTH ORANGE AVENUE, STE Name, address, and EIN Name, address, and EIN of related organization of disregarded entity 600P, ORLANDO, FL 32801-3362 Part II

59-1004604

Page 2

Schedule R (Form 990) 2010 THE FLORIDA BAR FOUNDATION, INC.

Part III 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.)

(j) (k) General or Percentage managing ownership partner? Yes No			re related	(h) Percentage ownership				Schedule R (Form 990) 2010
(j) General or managing partner? Yes No			e or mo	of year ts				R (Forn
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			scause it had on	(g) Otal Share of end-of-year assets	:	 <u>-</u>		Schedule
(h) Disproportion- ate allocations? Yes   No   K			IV, line 34 be	(f) Share of total income				
(g) Share of pend-of-year at assets			to Form 990, Part	(e) Type of entity (C corp, S corp, or trust)				0
(f) Share of total income			on answered "Yes"	(d) Direct controlling entity				
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			plete if the organization	y Legal domicile (State or foreign country)				
(d) Direct controlling entity			ration or Trust (Com	(b) Primary activity				
(C) Legal domicile (state or foreign			is a Corpo g the tax y					
(b) Primary activity			ganizations Taxable a rporation or trust durin	Z. c				
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization				032162 12-21-10

Page 3

Schedule R (Form 990) 2010

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	;		9	χ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II-≀V?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19
b Gift, grant, or capital contribution to other organization(s)				ф Х
c Gift, grant, or capital contribution from other organization(s)				2
<b>d</b> Loans or loan guarantees to or for other organization(s)				1d
e Loans or loan guarantees by other organization(s)				<b>1e</b>
				¥
T Sale of assets to other organization(s)				
g Purchase of assets from other organization(s)				<u>-</u>
h Exchange of assets				£
i Lease of facilities, equipment, or other assets to other organization(s)				<b>;=</b>
i Lease of facilities equipment or other assets from other organization(s)				  -
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			¥
I Performance of services or membership or fundraising solicitations by other organization(s)	zation(s)			=
m Sharing of facilities, equipment, mailing lists, or other assets				th X
n Sharing of paid employees				t X
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				9
<b>p</b> Reimbursement paid by other organization for expenses				đ
q Other transfer of cash or property to other organization(s)				1q X
r Other transfer of cash or property from other organization(s)				<b>-</b>
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	who must complete the	is line, including covered	relationships and transaction thresholds	
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining	
myelyelodike wothkeneroe aka katao te		50 100	T. M. C.	
(1) THE FLUKIDA BAR FOUNDALION ENDOWMENT IROST	Q	-	^ ហ ។	
(2) THE FLORIDA BAR FOUNDATION ENDOWMENT TRUST	Ø	101,048.	FMV	
(3)		•		
(4)				
(5)				
(9)				

59-1004604 Page 4

Schedule R (Form 990) 2010 THE FLORIDA BAR FOUNDATION, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?
		-			2		
						Schedule R (Form 990) 2010	990) 2010

• Schedule R (Form 990) 2010 THE FLORIDA BAR FOUNDATION, INC. 59-100460  Part VII Supplemental Information	4 Page
Complete this part to provide additional information for responses to questions on Schedule R (see instructions)	
FORM 990, PART IV, LINE 34 AND SCHEDULE R, PART V, LINE 2:	
THE FLORIDA BAR FOUNDATION ENDOWMENT TRUST (RELATED ORGANIZATION) MAY	
ONLY SUPPORT THE CHARITABLE ACTIVITIES OF THE FLORIDA BAR FOUNDATION.	
THE ENDOWMENT HAS NO EMPLOYEES. FOUNDATION STAFF HANDLE ITS LIMITED	
FISCAL AND ADMINISTRATIVE ACTIVITIES, INCLUDING COLLECTING	
CONTRIBUTIONS MADE TO THE ENDOWMENT AND TRANSFERRING THE CASH TO THE	
ENDOWMENT'S INVESTMENTS.	

Form 886	88 (Rev. 1-2011)				_	Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check this bo	ox	<b>•</b>	X
	ly complete Part II if you have already been granted an				8868	
	are filing for an Automatic 3-Month Extension, comple					
Part II				opies r	needed)	
Type or	Name of exempt organization		<u> </u>	T	loyer (dentification	number
print	THE FLORIDA BAR FOUNDATION,	TNC			9-1004604	
File by the	Number, street, and room or suite no. If a P.O. box, s		tions		3-1004004	
extended due date for	·		CIOTIS			
filing your return See	City, town or post office, state, and ZIP code For a f		Irona and matriotions			
instructions	ORLANDO, FL 32801-3362	oreign auc	ness, see instructions			
	OKDANDO, FD 32801-3382					
Enter the	Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1
Applicati	ion	Return	Application		· · · · · · · · · · · · · · · · · · ·	Return
Is For		Code	Is For			Code
Form 990	)	01				
Form 990	PBL	02	Form 1041-A		-	08
Form 990	)- <u>EZ</u>	03	Form 4720			09
Form 990	)-PF	04	Form 5227			10
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	P-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already granted	d an autor	natic 3-month extension on a previou	sly file	ed Form 8868.	
	JANE E. CURRAN	, EXE	CUTIVE DIRECTOR - 25	0 S	OUTH ORANG	E
• The be	ooks are in the care of AVENUE, SUITE	600P	- ORLANDO, FL 32801-	334	0	
	none No ► 407-843-0045		FAX No ▶			
• If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box			
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) . If th	ıs ıs fo	r the whole group, o	heck this
box 🕨	. If it is for part of the group, check this box		ach a list with the names and EINs of all			
4   re	quest an additional 3-month extension of time until		15, 2012 .		-	
5 For	calendar year, or other tax year beginning			JUN	30, 2011	
	ne tax year entered in line 5 is for less than 12 months, o			Final r		
	Change in accounting period					
7 Sta	ite in detail why you need the extension					
	DDITIONAL TIME IS NEEDED TO	OBTAI	N INFORMATION NECESS	ARY	TO PREPAR	E A
	MPLETE AND ACCURATE RETURN.					<del></del>
8a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any			
	nrefundable credits. See instructions.		,	8a	\$	0.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	<u> </u>	Ψ	
	payments made. Include any prior year overpayment al					
	eviously with Form 8868	iowed as t	a credit and any amount paid	8b	\$	0.
	ance due. Subtract line 8b from line 8a. Include your pa	yment wit	th this form if required by using	55	<b></b>	<u></u>
	IPS (Electronic Federal Tax Payment System) See instr		ar this form, in required, by dailing	90	œ	0.
			d Verification	_ 8c		<u> </u>
Under pen	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ling accome		e best o	f my knowledge and b	elief,
			EINANGIAL OFFICES	<b>.</b> .	_	
<u>Signature</u>	<b>P</b> litle ▶ (	<u>CHTEL</u>	FINANCIAL OFFICER	Date	<b>P</b>	