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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Cinder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

Inter	nad Reven	ue Service	▶ Information about Form 990 and its instructions is at www.i	rs.gov/form990	0.	Inspection					
A	For the	2013 cale	endar year, or tax year beginning , 2013, and end	inning , 2013, and ending							
В	Check if	applicable	C Name of organization GREATER RICHMOND BAR FOUNDATION		D Employ	er identification number					
	Address	change	Doing Business As			54-1081082					
	Name ch	_	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telepho	ne number					
	Initial ret		P O BOX 3954			804-780-2600					
	Terminat		City or town, state or province, country, and ZIP or foreign postal code			001700 2000					
	Amende		RICHMOND, VA 23235		G Gross re	ecepts \$ 228,739					
		on pending	F Name and address of principal officer	Hija) is this a m		subordinates? Yes V No					
	••	, ,				s included? Yes No					
	Tax-exer	npt status				list (see instructions)					
J	Website		W.GRBF,ORG	H(c) Group	exemption	number >					
ĸ			✓ Corporation Trust Association Other ► L Year of form		~ _	of legal domicile VA					
	art I	Summ		1376	111 01110	or regar dormane VA					
	1		escribe the organization's mission or most significant activities:								
ø			R BONO CLEARINGHOUSE PROGRAM WHICH LINKS VOLUNTEER ATTO	DNEVS WITH	ION DDO	CIT					
Governance	l		ATIONS NEEDING LEGAL ASSISTANCE.	MILIO WIIII	ION-FRO	1 11					
E	1		is box ► if the organization discontinued its operations or disposed	of more than	25% of	ite not accote					
Š			of voting members of the governing body (Part VI, line 1a)		3						
ن ع	1		of independent voting members of the governing body (Part VI, line 1b		4	20					
8			nber of individuals employed in calendar year 2013 (Part V, line 2a)		5	20					
Ξ	•		nber of volunteers (estimate if necessary)		6	300					
Activities &			elated business revenue from Part VIII, column (C), line 12		7a	300					
			ated business taxable income from Form 990-T, line 34		7b	0					
	 			Prior Ye		Current Year					
_	8	Contribut	tions and grants (Part VIII, line 1h)		293,966						
를	i .		service revenue (Part VIII, line 2q)		233,300	228,700					
Revenue	ł	_	nt income (Part VIII, column (A), lines 3, 4, and 7d)	1	70	39					
æ	l .		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								
	1		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	· · · · · · · · · · · · · · · · · · ·	204.026	220 720					
			nd similar amounts paid (Part IX, column (A), lines 1–3)		294,036	228,739					
			paid to or for members (Part IX, column (A), line 4)								
	ŀ		other compensation, employee benefits (Part IX, column (A), lines 5–10)		64 204	62.64					
Expenses	ľ		onal fundraising fees (Part IX, column (A), line 11e)		64,204	63,604					
56											
찣			draising expenses (Part IX, column (D), line 25) ► 14,063 penses (Part IX, column (A), lines 11a–11d, 11f–24e)		157.052	222.524					
	1	-	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		157,052	222,634					
	1		less expenses. Subtract line 18 from line 12		221,256	286,238					
- 6		Tiovondo	1000 CAPCINGO. GUDURACI IIIC 10 II OTT IIIC 12	Beginning of Cu	72,780	(57,499) End of Year					
Net Assets or Fund Balances	20	Total ass	ets (Part X, line 16)		181,224						
Bala	21		ilities (Part X, line 26)	<u> </u>		122,225					
돌	22		ts or fund balances. Subtract line 21 from line 20		3,784	2,284					
	rt (I		ture Block	l	177,440	119,941					
_	_		ry, I declare that I have examined this return, including accompanying schedules and stat	amente and to the	ne best of n	my knowledge, and heliof it is					
			te Declaration of preparer (other than officer) is based on all information of which prepar			ny kilomeoge and belief, it is					
-			Lell & Carter		17/1	4					
Sig	n	Signa	ature of officer	Da ⁻	3 1 1						
He			TERAN V. S. CANTEL TREASUREN								
		Туре	or print name and title								
D-				Date _] a r	PTIN					
Pa		GWFN	DOLYN CARNEY TUE AND COMME	73/14	Check self-emp						
	eparei	' I		, , , ,	's EIN ▶	1 (01477732					
US	e Only	y	ddress ► 11136 WALKMILL REACH TR, CHESTERFIELD, VA 23832		ne no.	54-1789736 804-639-6100					
Ma	y the IR		s this return with the preparer shown above? (see instructions)		ne no.	· · Yes No					
		_		No 11282Y		Form 990 (2013)					
			,			 (2010)					



Form 99	0 (2013) Page
Part	
٠	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SPONSOR LAW-RELATED EDUCATIONAL AND SERVICE PROJECTS THAT ENCOURAGE PUBLIC UNDERSTANDING OF
	PARTICIPATION IN AND ACCESS TO THE JUSTICE SYSTEM.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 44,546 including grants of \$) (Revenue \$ 77,103)
	SPONSOR PRO BONO CLEARINGHOUSE PROGRAM WHICH LINKS VOLUNTEER ATTORNEYS WITH NON-PROFIT
	ORGANIZATIONS NEEDING LEGAL ASSISTANCE.
	-
4b	(Code:) (Expenses \$ 217,404 including grants of \$) (Revenue \$ 110,348)
	CENTRALIZED ON-LINE CASE MANAGEMENT COMMUNICATION SYSTEM THAT ALLOWS INDIVIDUALS AND NON-PROFIT
	ORGANIZATIONS TO HAVE LEGAL NEEDS REVIEWED, GET MATCHED TO STAFF ATTORNEYS OR VOLUNTEERS AND TO
	RECEIVE LEGAL ASSISTANCE
	·
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······································
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

261,950

1,1

4e Total program service expenses ▶

,,,

Part	V Checklist of Required Schedules			
(Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,	
2	complete Schedule A	2	✓	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
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	١.		,
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		✓
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		√
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	Ť		
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
_ 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.	-		·
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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	-	1
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		1
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		\
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	40		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		√
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		✓
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		

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Part 1	Checklist of Required Schedules (continued)			
-			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	-	1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, 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.	35b		
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		1
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,			
38	Part VI	37		1
	13: Hous, Air Totti 330 ilicia die required to complete defiedule O	38	✓	1

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Part	V Statements Regarding Other IRS Filings and Tax Compliance			
·	Check if Schedule O contains a response or note to any line in this Part V		 ;	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
·	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
ь	If "Yes," enter the name of the foreign country: ▶			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		./
b	organization solicit any contributions that were not tax deductible as charitable contributions?	oa		•
	gifts were not tax deductible?	6ь		
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		
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?	7с	-	
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		_
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 organization is licensed to issue qualified health plans			
C 140	Enter the amount of reserves on hand	14a		
14a b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14a		
	1001 1.20 it mod a form fee to report those payments in 1101 provide all expansion in contents O		n 99 0	(2013)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	See ins	structi	ions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
3	any other officer, director, trustee, or key employee?	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	- 1	- \	-
a	The governing body?	8a	1	
þ	Each committee with authority to act on behalf of the governing body?	8b	/	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co	oae.) Yes) No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		'
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 12b	1	1
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13	1	
14 15	Did the organization have a written document retention and destruction policy?	14		✓
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	
a b	The organization's CEO, Executive Director, or top management official	15a 15b		/
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a	_	1
<u> </u>	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	<u> </u>	
	List the states with which a copy of this Form 990 is required to be filed ► NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501((c)(3)s	s only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► GRBF, 901 East Cary Street. One James Center, RICHMOND, VA 23219 804-780-2600 ALISON ROUS.		ŧ	

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Form **990** (2013)

Form 990 (2013)

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 n	or any relate	d org	anız	atic	on c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
				•	C)					
(A)	(B)	,	4 . 4		ution	e than o		(D)	(E)	(F)
Name and Title	Average	٠.				ıs boti		Reportable	Reportable	Estimated
	hours per week (list any					or/trus		compensation from	compensation from related	amount of other
	hours for	유문	ns.	皇	Ã.	ᇙ	Ę,	the	organizations	compensation
	related	di vid	Ē	Officer	g	plog	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted		on e		Key emplayee	8 6	`	(W-2/1099-MISC)		organization and related
	line)	i ii	2		yee	mg				organizations
		8	Institutional trustee	ĺ	ĺ	Highest compensated employee				
					-	<u>8</u>	\vdash			
(1) ALEXANDRA FANNON	25									
DIR, PROGRAM & DEVELOPMENT					✓	1		44,783	0	0
(2) ALISON ROUSSY	15		}					1		
DIR, ADMINISTRATION			ļ	<u> </u>	1	<u> </u>	L	13,621	0	
(3) CAROL DEITRICK	18	ļ	İ		l					
DIR, ADMINISTRATION	į	<u> </u>			✓			5,200	0	0
(4) LESLIE HALEY	4									
PRESIDENT		1	L	1				0	0	
(5) SCOTT OOSTDYK	2]	•							
VICE PRESIDENT		✓		✓	<u> </u>		<u> </u>	0	0	0
(6) M. ELIZABETH GRIFFIN	2				ł				İ	
SECRETARY		✓	<u> </u>	1	ļ		_	0	0	
(7) GERALD CARTER	1.5				l				ļ	
TREASURER	 	1	<u> </u>	1	L_		L	0	0	
(8) BRIAN MARRON	5			}			l		i	
IMMEDIATE PAST PRESIDENT		✓		<u> </u>	<u> </u>		┖	0	0	
(9) CHRISTOPHER M. MALONE	.5				İ					
DIRECTOR	<u> </u>	✓						0	0	0
(10) LORI JARVIS	.5							İ		
DIRECTOR		1	<u> </u>	Ļ		<u> </u>		0	0	0
(11) TYLER BROWN	.5			1	ł	}				
DIRECTOR		✓						0	0	0
(12) TARA CASEY	.5			1		ł	l			
DIRECTOR		1				<u> </u>		0	0	
(13) THOMAS WOLF	.5		ŀ			Į				
DIRECTOR		✓		<u> </u>	<u> </u>			0	0	
(14) THOMAS EDMONDS	.25					1				
DIRECTOR		✓						0	<u> </u>	

					_				ì	ł	ı			
	(A)	(B)	(do n		Pos		e than o	nne	(D)	(E)			(F)	
	Name and title	Average					is both		Reportable	Reportab			mated	
		hours per week (list any				rect	or/trust	-	compensation	compensation related	n from		ount of ther	
		hours for	Individual trustee or director	Inst	Officer	Σ ey	휢	Former	the	organizatio		comp	ensation	
		related organizations	rec	Ē	Ger .	Key employee	Test Toye	THEF	organization (W-2/1099-MISC)	(W-2/1099-N	(ISC)		m the nization	
		below dotted	학학	one!		ploy	g č		(** 25 1035 141100)				related	
		line)	uste	Institutional trustee		99) pen					organ	ızatıons	
			Ō	tee			Highest compensated employee							
(15) L.	LEE BYRD	.25						\vdash				····		
DIREC	TOR		✓						0		0			0
(16) C	OURTNEY MALVEAUX	.5				i								
DIREC			✓						0		0			0
	ANDREW NEA	.5												
DIREC			✓					<u> </u>	0		0			0
	IL KESSLER	.25	,											
DIREC			✓						0		0			0
	HN M. OAKEY, JR	11	,											_
DIREC			✓					-	. 0		0			0
	ORGE MARGET, III	.25	1							-		_		_
DIREC (21) CL	IARLES SEYFARTH	.25	_			_		├─	0		-0			0
DIREC		.25	1						0		o			0
	DEN JAMIN DACE	.25	•					\vdash				<u> </u>		
DIREC	**		1						0		o			0
	EPHEN OTERO	.25						_						
DIREC		† 	1						0		o			0
(24)		1												
J														_
(25)														
	0.1.1.1.1	<u> </u>	l					_						
1b	Sub-total	 	 4	٠	•		•		63,604		0			0
c d	Total from continuation sheets to Part	-		•	-		•		62.604		0			
	Total (add lines 1b and 1c)							- L	63,604			of		0
~	reportable compensation from the organ		ו נט נו	ose	ıısı	eu a	above	3) W	no received m	ore man pr	00,000	OI		
	- Separation of the separation								· · · · · · · · · · · · · · · · · · ·				Yes	No
3	Did the organization list any former of	fficer, direc	tor, c	or tr	uste	æ,	key e	emp	oloyee, or high	est compe	nsated			
	employee on line 1a? If "Yes," complete	Schedule J	for s	ıch	ındı	vidu	ual					3		✓
4	For any individual listed on line 1a, is the	e sum of re	porta	ble d	com	per	nsatio	n a	nd other comp	ensation fr	om the			
	organization and related organizations	greater th	an \$1	150,	000	? /:	f "Ye	s, "	complete Sch	edule J fo	r such			
					-		•					4		✓_
5	Did any person listed on line 1a receive of											i		_
	for services rendered to the organization	? If "Yes," C	compi	ete	Scr	edi	ile J 1	or s	such person	<u></u>	• •	5		<u>√</u>
	on B. Independent Contractors													
1	Complete this table for your five highest													_
	compensation from the organization. Reveal.	port compe	nsatio	on to	or tr	ie c	aleno	ar y	ear ending wit	n or within	ine org	anızatıd	on's tax	ζ
	(A)							Τ	(B)	-		(C)		
	Name and business add	dress							Description of s	ervices	(Compens	ation	
NONE								<u> </u>						
								<u> </u>						
2	Total number of independent contractor	<i>(</i> ' - ' '												

ί, τ

Part	VIII	Check if Schoolule Cooptoins	0 50000	0 0r 00t0 to	any lina in this	Dart VIII		
-		Check if Schedule O contains	a respons	e or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues	1b		}			
B, G	c	Fundraising events	1c					
ar /	d	Related organizations	1d					
, E	e	Government grants (contributions)	1e		ĺ			
to the	f	All other contributions, gifts, grants,			ļ			
결		and similar amounts not included above	1f	228,700				
달	g	Noncash contributions included in lines 1a	i-1f: \$					
	h	Total. Add lines 1a-1f			228,700			
Ę	İ		Bus	siness Code			İ	
š	2a							
æ	b							
Ę	С							
Se	d							
Ę	е							
Program Service Revenue	f	All other program service revenue					l	
	g	Total. Add lines 2a–2f Investment income (including			0		r.,	<u> </u>
	3	and other similar amounts) .						
				L	39		-	
	4	Income from investment of tax-exe					-	
	5	Royalties		Personal				
	60	Gross rents		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ĺ			
	6a b	Less rental expenses						
	1	Rental income or (loss)						
	d	Net rental income or (loss) .		•				
	7a	Gross amount from sales of (i) Securi		(ii) Other				
		assets other than inventory		``	İ			
	ь	Less: cost or other basis						
	_	and sales expenses .			1			
	С	Gain or (loss)			:		1	
	d	Net gain or (loss)		▶			1	
a re	8a	Gross income from fundraising						
Revenue		events (not including \$ of contributions reported on line 1	(c).					
Other Re		See Part IV, line 18		_	ļ			
돭		Less: direct expenses			Ì			
_		Net income or (loss) from fundra		ts . 🕨				
	9a	Gross income from garning activ	rities		ŀ			
		See Part IV, line 19	a					
		Less: direct expenses						
		Net income or (loss) from gamir		<u>s ▶</u>			ļ	
	10a	Gross sales of inventory,						
		returns and allowances			<u> </u>			
		Less: cost of goods sold						
	С	Net income or (loss) from sales					ļ	
	<u> </u>	Miscellaneous Revenue	Bu	siness Code				1
	11a						-	
	b						1	
	C							
	d	All other revenue				<u>-</u>	 	<u> </u>
	e	Total. Add lines 11a-11d			0		ļ	
	l 12	Total revenue. See instructions	3	. •	228 739		1	l .

1,7

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				<u> </u>
	ot include amounts reported on lines 6b, 7b, p, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	63,604	47,703	4,705	11,196
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,865	3,649	360	856
11	Fees for services (non-employees):	į	-	-	
a	Management				
b	Legal				
c d	Lobbying	2,500		2,500	· · · · · · · · · · · · · · · · · · ·
e	Professional fundraising services. See Part IV, line 17				· · · · · · · · · · · · · · · · · · ·
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	142,639	142,639		
12	Advertising and promotion	142,033	142,635		
13	Office expenses	5,889	3,662	989	1,238
14	Information technology			300	1,200
15	Royalties				
16	Occupancy	1,749	1,749		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	6,216	5,218	225	773
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	1,236	1,146	90	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If		Ì		
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	}	Ì		
_	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
a	SCHOLARSHIPS/YOUTH AWARDS LICENSES	5,104	5,104		
b	DUES & FEES	30,930	30,930	450	
c d	AMENITIES	450		450	
e	All other expenses TRAINING	906 20,150	20,150	906	
25	Total functional expenses. Add lines 1 through 24e	286,238	261,950	10,225	14,063
26	Joint costs. Complete this line only if the	250,250	201,330	10,225	14,003
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2013) Page 11 **Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 62.583 56,469 2 Savings and temporary cash investments 2 118,641 65,756 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 Assets 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . . 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c h 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 . 12 Investments - program-related. See Part IV, line 11 . . . 13 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 181,224 122,225 Accounts payable and accrued expenses 17 3,784 17 2,284 18 18 19 Deferred revenue 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 3,784 26 2,284 Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and Balances complete lines 27 through 29, and lines 33 and 34. 27 27 77.879 86,188 28 Temporarily restricted net assets 99.561 28 33,753 Fund 29 29

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances . .

complete lines 30 through 34.

ö 30

Assets

31

32

33

34

122,225 Form 990 (2013)

119,941

30

31

32

33

34

177,440

181,224

Page	1	2
Page		~

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	· · ·					-
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			22	8,739
2	Total expenses (must equal Part IX, column (A), line 25)	2			28	6,238
3	Revenue less expenses. Subtract line 2 from line 1	3			(57	7,499)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			17	7,440
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7	ļ			
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		ľ			
	33, column (B))	10	<u> </u>		11	9,941
Part	· · · · · · · · · · · · · · · · · · ·					_
	Check if Schedule O contains a response or note to any line in this Part XII			 ,	;	
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		<u>. </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın			
	Schedule O.		- 1		:	,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· -	2a		<u>✓</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:	рнеа	or			
			j		- 1	
	Separate basis Consolidated basis Both consolidated and separate basis			AL]	,
D	Were the organization's financial statements audited by an independent accountant?		· -	2b		√
	separate basis, consolidated basis, or both:	ea on		ŀ		
	Separate basis Consolidated basis Both consolidated and separate basis		i		-	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versio	ıht			
C	of the audit, review, or compilation of its financial statements and selection of an independent according			2c	1	
	If the organization changed either its oversight process or selection process during the tax year, e		_ ⊢	-		
	Schedule O.			1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	in		- 1	
Ja	the Single Audit Act and OMB Circular A-133?		I	3a]	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo ti			\neg	•
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			зь		
				Form	990	(2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

20**13**

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization				[1	Employer identification number						
GREATER RICHMOND BAR FOUNDATION					54-1081082						
Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.											
2 A school desi 3 A hospital or 4 A medical res	nvention of churc cribed in section a cooperative ho	hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjuna	churches ch Sched ation des	s describe ule E.) cnbed in	ed in sec section	:tion 170 170(b)(1)	(b)(1)(A)(i (A)(iii).	•	(iii). E	nter the	
5 An organizati											
7 An organizati											
9 An organizati receipts from support from	on that normally activities related gross investme	n section 170(b)(1)(A) receives: (1) more that d to its exempt funct ent income and unre fter June 30, 1975. Se	an 331/39 ions – su lated bus	6 of its subject to disiness tax	upport fre certain e xable inc	xceptions come (les	s, and (2) ss sectio	no mor	e than	331/3%	of its
11 An organizate purposes of 509(a)(3). Ch	on organized ar one or more pub eck the box that	operated exclusively and operated exclusive plicly supported organ describes the type of	ely for th nizations supportin	ne benefit described ng organiz	t of, to d in sect zation an	perform : ion 509(a d comple	the funct a)(1) or se te lines 1	ions of, ection 50 1e throu	9(a)(2) gh 11h	. See s 1.	ection
e By checking	a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated e 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)										
	zation received a check this box	written determination	on from	the IRS t	that it is	a Type	I, Type	ll, or Typ	oe III s 	supporti	ing
	17, 2006, has t	he organization accep	pted any	gift or co	ontributio	n from a	ny of the	•			
(i) A person	who directly or i	ndirectly controls, eithody of the supported o					describe	d in (ii) a		Yes	No
		on described in (i) abo	_						_	g(i)	+-
(iii) A 35% co	ntrolled entity of	a person described in	i (i) or (ii) :	above?.						g(11) g(111)	<u> </u>
h Provide the fo	ollowing informati	on about the support			r		1		·		
(ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions)) (iv) Is the organization in col (i) Isted in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) is the organization in col (i) organized in the US.?		(vii) Amount of monetar support					
			Yes	No	Yes	No	Yes	No	<u> </u>		
(A)											
(B)											
(C)											
(D)											
(E)										-	
								<u> </u>			

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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						
Secti	on B. Total Support		-				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her					ear as a sectio	
Secti	on C. Computation of Public Suppor			 	· · - · · · · · · · · · · · · · · · · ·		
14	Public support percentage for 2013 (line 6			1, column (f))		14	%
15	Public support percentage from 2012 Sch		-			15	%
16a	331/a% support test - 2013. If the organiz	zation did not	check the box	on line 13, and	d line 14 is 33 ¹	3% or more, c	heck this
	box and stop here. The organization qual	lifies as a pub	licly supported	organization			. ▶ 🛚
b	331/3% support test - 2012. If the organicheck this box and stop here. The organi					15 is 33¹⁄a% 	
17a	10%-facts-and-circumstances test – 20 10% or more, and if the organization med Part IV how the organization meets the "forganization".	ets the "facts- acts-and-circi	and-circumsta	inces" test, che st. The organiz	eck this box ar	nd stop here. 8	xplain ın
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m	on meets the	e "facts-and-ci s-and-circums	ircumstances" tances" test. 1	test, check the organization	nis box and st	op here. publicly
	supported organization					table to the state of	. ▶ 🗀
18	Private foundation. If the organization de instructions						

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

ζ.

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

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

JC C u	oil A. I ablic oupport						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	64,075	73,759	92,244	293,966	228,700	752,744
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose			·			
3	Gross receipts from activities that are not an		·				
	unrelated trade or business under section 513			i		ļ	
4	Tax revenues levied for the						
-	organization's benefit and either paid]	-				
	to or expended on its behalf	i		İ		ĺ	
5	The value of services or facilities						•
_	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	64,075	73,759	92,244	293,966	228,700	752,744
	Amounts included on lines 1, 2, and 3	- 1,51,51		,	223/232		,
	received from disqualified persons .			j		1	
h	Amounts included on lines 2 and 3						
_	received from other than disqualified	İ					
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						-
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						··
	line 6.)	,				j	752,744
Secti	on B. Total Support		······································				
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	64,075	73,759	92,244	293,966	228,700	752,744
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,					1	
	royalties and income from similar sources	708	180	52	70	39	1,049
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	708	180	52	70	39	1,049
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on]			j		
12	Other income. Do not include gain or						
	loss from the sale of capital assets		İ				
	(Explain in Part IV.)		750				750
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	64,783	74,689	92,296	294,036	228,739	754,543
14	First five years. If the Form 990 is for the	ne organization	's first, second	d, third, fourth	, or fifth tax ye	ear as a section	
	organization, check this box and stop he	re	· • • • <u>• • •</u> •	<u> </u>	<u></u>		▶ 🗆
Secti	on C. Computation of Public Suppor	rt Percentage	•				
15	Public support percentage for 2013 (line to		•	. ,,,		15	99.7 %
16	Public support percentage from 2012 Sci					16	99.5 %
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (="		17	001 %
18	Investment income percentage from 2012					18	.003 %
19a	•						
	17 is not more than 331/3%, check this box		_			_	_
b	331/x% support tests—2012. If the organiz						
	line 18 is not more than 331/2%, check this			-		_	
20	Private foundation. If the organization di	ia not check a l	oox on line 14.	⊣9a. or 19b. d	neck this box	and see instruc	coons 🗩 il

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

GREATER RICHMOND BAR FOUNDATION	54-1081082
PART VI, LINE 11B. THE FORM 990 IS REVIEWED BY A COUPLE OF OFFICERS OF THE ORGANIZATION	N PRIOR TO BEING SUBMITTED.
PART VI, LINE 19. GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO TH	E PUBLIC UPON WRITTEN REQUEST.
PART IX, LINE 11G OTHER. FOR THE JUSTICESERVER PROJECT, INCURRED INFO TECHNOLOGY CO	NTRACT SERVICES (\$94,885).
MRWBA PAMPLET (\$6,770) AND PORTRAITS (\$40,984).	
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