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DLN: 93493123012837

Form 990

Department of the Treasury

Return of Organization Exempt From Income Tax Under 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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

ntema	al Rever	nue Servi	ce									
A Fo	or the	2015 ca	lendar year, or tax year	beginning	10-01-2015 , and ending 09-3	0-20	16					
3 Che	eck if ap	plicable	C Name of organization The Foundation of the Fed	deral Bar				D	Emplo	yer ic	dentification	number
<u> </u>	ldress ch	-	Association						52-07	7418	14	
<u>. </u>	me cha	-	Doing business as									
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	ilai 'termina	ited			il is not delivered to street address) Roo	om/s	uite	_	Telepho	one no	Impei	
Am	ended r	return	1220 North Fillmore Street	NO 444					(571)	481	-9100	
ПАрі	plication	pending	City or town, state or prov Arlington, VA 22201	/ince, count	ry, and ZIP or foreign postal code							
			rumgion, vr. EEEor						Gross r	eceipt	ts \$ 583,025	
			F Name and address of Stacy King	of principa	al officer		H(a) I	s this a	group	retu	rn for	
			1220 North Fillmore S	treet No	144			ubordır No	iates?		Γ	Yes 🗸
			Arlıngton, VA 22201				н(ь) А		ubordi	ınate	s _	Yes No
[Tax	x-exem _l	pt status	√ 501(c)(3)	ı) ▶ () (a	nsert no) 4947(a)(1) or 523	<u>!</u> 7	ır	ncluded	7		Į	•
ı w	ebsite:	:▶ http	p //www fedbar org/Found	dation as	px			-			t (see instr	uctions)
											umber 🕨	
∢ Fom	n of org	anızatıon	✓ Corporation Trust	Associat	on Other ►		L Year	of forma	tion 19	154	M State of leg	al domicile De
Pa	rt I	Sum	mary									
			•	mission	or most significant activities							
	Pro	omote a	and support legal researd	ch and ed	ucation, advance the science of j	juris	prudence a	and faci	litate '	the a	dmınıstratıc	on of justice
υ U	<u>an</u>	d foster	improvements in the pr	actice of	federal law							
2												
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Ž	2 C	heck th	is box 🕨 🥅 if the organi	zatıon dıs	continued its operations or dispo	osed	of more th	ian 25%	6 of its	s net	assets	
5 *										з	1	
Л	l		mber of voting members of the governing body (Part VI, line 1a)									12
Activities & Governance	l		ber of independent voting members of the governing body (Part VI, line 1b)									12
3			•	•	alendar year 2015 (Part V , line 2	-			•	5		0
٩					cessary)				•	6		12
					rt VIII, column (C), line 12 . n Form 990-T, line 34				•	7a		0
	D NE	t unitera	ated business taxable in	come noi	111 Offit 990-1, fille 34					7b		
	8	Contr	shutsone and grants (Dart	+ \/ I I I I I I I I I I I I I I I I I I	o 1h)		-	Prior Y		122	Curren	nt Year
<u>Qi</u>	j , , , , , , , , , ,						•		- 66,	133		149,549
Ravenue R	10								33,819			44,680
ž.	11								2,775			3,859
	12		•		(must equal Part VIII, column (A	-	ne 🗀					
	12	12)	revenue ada mies e am		(ase squar are v 111, column (124,	/2/		198,088
	13	Grants	s and sımılar amounts pa	aıd (Part 1	IX, column (A), lines 1-3)				76,	000		164,756
	14	Benefi	its paid to or for member	s (Part I)	(, column (A), line 4)					0		(
S	15			employe	e benefits (Part IX, column (A), lı	ines				o		(
)se	160	5-10)	,	(Dart IV	column (A), line 11e)			0				
Expenses	16a		-	•		•	•	- 0				
ă	b		indraising expenses (Part IX, o		•	—	-	24.725				
	17		,	` ''	nes 11a-11d, 11f-24e)		. —	34,725 110,725				53,057
	18 19		•	•	t equal Part IX, column (A), line 3 8 from line 12					002		217,813 -19,725
ي	15	REVEI	de less expelises Subti	act line 1	o nom me 12	<u> </u>						-
Net Assets or Fund Balances							Beginni	ng of C	urrent	Year	End o	of Year
SSP Bala	20	Total	assets (Part X, line 16)						983,	538		1,003,951
절절	21	Total	liabilities (Part X, line 26	5)					3,	208		1,668
žŢ	22	Netas	ssets or fund balances S	Subtract I	ıne 21 from lıne 20				980,	330		1,002,283
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	1	. .										
~ ! -		**** Signa	*** ature of officer			—		2017- Date	05-03			
Sign Here		, ,										
1516	-		y King Executive Director or print name and title									
		7	Print/Type preparer's name		Preparer's signature	\neg	Date			PTIN	<u> </u>	
Paid	4		on A Collingsworth		Lon A Collingsworth		2017-05-02	Check self-em			539819	
	a pare:	r F	irm's name 🕨 Rogers & Co	трапу РШ	c				IN ► 5	8-267	6261	
	Only	1 1	irm's address > 8300 Boone I	Boulevard S	uite 600			Phone r	no (703	3) 893	-0300	
Joe	UIII	У	Vienna, VA 22182									

. ✓Yes No

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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		No
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		No
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		No
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	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		No
	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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
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		No
	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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? <i>If</i> "Yes," complete Schedule F, Parts III and IV	16		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"	25a		No

25b

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28a

28b

28c

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35b

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Yes

Yes

Yes

Form 990 (2015)

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Nο

Nο

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?

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

29 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

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

instructions for applicable filing thresholds, conditions, and exceptions)

31

37

Part V Statements Regarding Other IRS Filings and Tax Complian
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Par	rt 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	<u> </u>		
10	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	0	Yes	No
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. 1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or or	gifts		
	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods ar services provided to the payor?	nd 7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require file Form 8282?	ed to 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	. 7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889 required?	9 as 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	a 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	ne 8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions additional information the organization must report on Schedule O	for 13a		
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	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments 2 If "No," provide an explanation in Schedule 0	14b		

orm	990 (2015)			Page (
Par	For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions.	or 10	Db belo	w,				
	Check if Schedule O contains a response or note to any line in this Part VI			🗸				
Se	ection 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 12							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets? .							
6	5 Did the organization have members or stockholders?							
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	Yes					
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	Yes					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes					
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		No				
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	even	ue Cod	e.)				
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		No				
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?	10 b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
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	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					

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?	10 b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			

Section C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

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

interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

► Stacy King Executive Director 1220 North Fillmore Street No 444 Arlington, VA 22201 (571) 481-9100

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, or 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 no	r any relateu of	yanıza	CIOII	COIII	hell	saleu ———	ану	Tarrent officer, C	inector, or truste	<u> </u>
(A) Name and Title	(B) A verage hours per week (list any hours	more pers	thar son is	n one	note boote b	chec x, unle n offic rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) Nestor Mendez-Gomez	1 00			\ ,						
President		×		X				0	0	0
(2) Sharon O'Grady Vice President	1 00	×		×				0	0	0
(3) Jeanette M Bazıs Treasurer	1 00	×		x				0	0	0
(4) Henry M Quillian III Secretary	1 00	х		х				0	0	0
(5) Martha Hofmeister Historian and Fellows Chair	1 00	x		x				0	0	0
(6) Dennis J Clark Director	1 00	×						0	0	0
(7) Carl P Gilmore Director	1 00	×						0	0	0
(8) James R Hammerschmidt Director	1 00	×						0	0	0
(9) Winston M Haythe Director	1 00	×						0	0	0
(10) Juanita B Sales Lee Director	1 00	x						0	0	0
(11) Hon Pamela Mathy Director	1 00	x						0	0	0
(12) Sheri Mecklenburg Director	1 00	x						0	0	0
(13) Karen B Silberman Executive Director	2 00			×				0	241,459	22,698
				\perp						
				\vdash						
	i .	1		1			1		i	

art VII	Section A. Officers,	Directors, Trustee	s, Key Employees	, and Highest (Compensated Employ	yees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					3	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
1b Sub-Total					•	. 🟲				
c Total from continuation sl d Total (add lines 1b and 1c	•			٠.	٠.	. •		0	241,459	22,698

- Total number of individuals (including but not limited to those listed above) who received more the \$100,000 of reportable compensation from the organization ▶ 0
- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee
- services rendered to the organization? If "Yes," complete Schedule J for such person

4 Yes No

Yes

3

No

Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of

Name and business address	Description of services	Compensation

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Form 99								Page 9
Part V	1111	Statement o			an a than Down Will			_
		Cneck IT Schedl	<u>lle O contains a respon</u>	se or note to any III	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated camp	paigns 1a					
ant	ь	Membership du	es 1b					
Grants Amounts	с	Fundraising eve	ents 1c					
ifts. ar ⊄	d	Related organiz	ations 1d					
ons, Gifts, Grants Similar Amounts	e	Government grants	s (contributions) 1e					
ons Si	f	All other contribution	ons, gifts, grants, and 1f	149,549				
Contributions, Gifts, and Other Similar A		similar amounts no	t included above					
ntij V Q	g	1a-1f \$	ons included in lines					
Cont and	h	Total. Add lines	s 1a-1f	· · · •	149,549			
<u>+</u>				Business Code				
ven	2a							
ر غ	b							
MCE	C							
₹	d e							
ran	f	All other progra	m service revenue					
Program Service Revenue								
	g 3		s 2a-2f ome (including dividend					
		and other simila	aramounts)		35,289			35,289
	4		tment of tax-exempt bond p					
	5	Royallies	(ı) Real	(II) Personal				
	6a	Gross rents	(7)	(11)				
	ь	Less rental expenses						
	с	Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	387,237					
	ь	Less cost or other basis and	377,846					
		sales expenses	9,391					
	c d	Gain or (loss) Net gain or (los	, ,		9,391			9,391
Other Revenue		Gross income fi events (not incl \$	rom fundraising luding reported on line 1c)	,				
<u>ہ</u> ت		See Part IV, lin	e 18 a	10,915				
the	b	Less direct ex	penses b	7,091				
0	С	Net income or (loss) from fundraising e	events >	3,824			3,824
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	l	•	penses b [
	С	Net income or (loss) from gaming activ	vities ▶				
	10a	Gross sales of returns and allo		·				
	l	Net income or (loss) from sales of inve					
	11a	Miscellaneous		Business Code 900099	35			35
	b	. His containeous						
	С							
	d	A II other revenu	ne					
	e	Total. Add lines	s 11a-11d		35			
	12	Total revenue.	See Instructions	· · · •	198,088	0	0	48,539

Form 990 (2015) Part IX Statement of Functional Expenses

ection 501(c)(3	and 501(c)(4) organizatio	ns must co	omplete a	all column	s All oth	eror	gan	ızatı	ons	mus	st coi	mple	te co	olum	ın (A	(۱			
Check	ıf Schedule O	contains a r	esponse or	r note to a	any line ii	n this Par	t IX	•	•		•		•	•	•		•	•	•	

	ot include amounts reported on lines 6b, , 9b, 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 domestic organizations and domestic governments See Part IV, line 21	154,756	154,756		
2	Grants and other assistance to domestic individuals See Part IV, line 22	10,000	10,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	27.250		27.250	
a	Management	27,250		27,250	
b	Legal	6,000		6.000	
c d	Accounting	6,900		6,900	
u e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	4,258		4,258	
g g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	148		148	
12	Advertising and promotion				
13	Office expenses	6,391		6,391	
14	Information technology	,		,	
15	Royalties				
16	Occupancy				
17	Travel	4,767		4,767	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,382	1,382		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	763		763	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Bad debt	1,150		1,150	
b	Fellows Program Expense	48	48		
c d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	217,813	166,186	51,627	0
26	Joint costs. Complete this line only if the 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)				

Par	t X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	50,263
	2	Savings and temporary cash investments	17,814	2	10,190
	3	Pledges and grants receivable, net	82,086	3	77,363
	4	Accounts receivable, net	·	4	<u></u>
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		-	
Assets	6	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 organizations (see instructions) Complete Part II of Schedule L		5	
As	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	700	9	700
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b]	10 c	
	11	Investments—publicly traded securities	878,171	11	855,959
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,767	15	9,476
	16	Total assets.Add lines 1 through 15 (must equal line 34)	983,538	16	1,003,951
	17	Accounts payable and accrued expenses	3,208	17	1,668
	18	Grants payable	,	18	,
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21	
<u>.</u>		persons Complete Part II of Schedule L		22	
Liab	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 of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,208	26	1,668
ses	20	Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.	· ·	20	1,000
<u>an</u>	27	Unrestricted net assets	759,089	27	790,193
ထိ	28	Temporarily restricted net assets	221,241	28	212,090
Ę	29	Permanently restricted net assets	, , ,	29	
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	980,330	33	1,002,283
	34	Total liabilities and net assets/fund balances	983,538	34	1,003,951

,	Trivestifiert expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,0	002,283
Par	t XII Financial Statements and Reporting				
	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	_			
3-	Were the organization's financial statements compiled or reviewed by an independent accountant?		3-		No

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ✓ Separate basis Consolidated basis Both consolidated and separate basis 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 Yes

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Nο 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 3b Form 990 (2015)

Additional Data

Software ID: Software Version:

EIN: 52-0741814

Name: The Foundation of the Federal Bar

Association

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 5,000 including grants of \$ 5,000) (Revenue \$)

Kintner Public Service Scholarship The Public Service Scholarship provides \$5,000 as assistance to a graduating high school senior planning to attend a four year college or university. At least one of the parents (or guardians) of the student must be a current federal government attorney or federal judge and member of the Federal Bar Association

(Code) (Expenses \$ 5,000 including grants of \$ 5,000) (Revenue \$)

Moot Court Competition The Foundation provides financial support to the Thurgood Marshall Memorial Moot Court Competition, sponsored by the Federal Bar Association's Younger Lawyers Division

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) (Code) (Expenses \$ 1,000) (Revenue \$ 1.000 including grants of \$ Elaine R "Boots" Fisher Award This award is intended to stimulate, encourage, and recognize exemplary community, public and charitable service by members of the FBA. The Foundation makes an annual charitable contribution of \$1,000 to an organization for which an FBA.

member has performed outstanding public service

Chapter Community Outreach Grants, scholarships, research, education and awards

(Code) (Expenses \$ including grants of \$) (Revenue \$ 1,430 The Fellows program was established in 2001 to provide recognition to individuals who have demonstrated exceptional commitment to and

leadership within both the Federal Bar Association and the legal community. Each Fellow makes a personal commitment to financially support the work of the Foundation. These charitable contributions support the Foundation's many programs and initiatives, including

(Code) (Expenses \$ including grants of \$) (Revenue \$) Judicial Research and Education From time to time, the Foundation provides support for the conduct of research, programs, and education relating to the federal courts and federal jurisprudence. This program provides funding and other support for analytical research and educational programs and activities on a broad range of subject matters. Including the history and role of the federal court system and the

\$5,000 to a law student attending an ABA accredited law school

judiciary, the structure and operation of the courts, the independence of the judiciary, federal jurisprudence, and the relevance of the rule of law to society

(Code) (Expenses \$ 5,000 including grants of \$ 5,000) (Revenue \$)

The Robert A McNew Law Student Scholarship This new scholarship promotes the practice of federal law by awarding a scholarship of

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE A**

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

(Form 990 or

Internal Revenue Service Name of the organization

The Foundation of the Federal Bar

990EZ)

Treasury

Association

2

Total

Part I

Department of the

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.

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

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

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

OMB No 1545-0047 Open to Public Inspection

DLN: 93493123012837

Employer identification number

52-0741814

3		A nospitar or a cooper										
4		A medical research or hospital's name, city.		erated in conjunction v	vith a hospital d	escribed in se	ction 170(b)(1)(A)(iii). Enter the				
5				nefit of a college or un	iversity owned	or operated by	a governmental unit d	lescribed in section				
	ı	170(b)(1)(A)(iv). (Co	omplete Part I	I)	,		-					
6		A federal, state, or loc	2	5								
7	✓	An organization that n described in section 1	70(b)(1)(A)(v	vi). (Complete Part II)	5	ental unit or from the g	eneral public				
8		A community trust des			•	,						
9	Г	receipts from activitie from gross investmen	es related to it it income and e 30, 1975 S	ves (1) more than 33 is exempt functions—s unrelated business tax is eesection 509(a)(2).	ubject to certa kable income (le (Complete Part	in exceptions, ess section 51 III)	and (2) no more than 1 1 tax) from businesse	331/3% of its support				
11	<u> </u>							ut the nurnoses of				
	l	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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11q										
а		Type I. A supporting o	rganization op	perated, supervised, or	controlled by i	ts supported o	rganization(s), typical	ly by giving the				
	•	supported organization organization				ty of the direct	ors or trustees of the	supporting				
b	_	Type II. A supporting				with its suppo	rted organization(s), h	y having control or				
_	l	management of the su										
		must complete Part IV	, Sections A	and C.	·			. ,				
c	Г	Type III functionally						grated with, its				
_	•	supported organization										
d		Type III non-function not functionally integr										
		(see instructions) Yo					ement and an attentiv	eness requirement				
e		Check this box if the o					s a Type I. Type II. T	vpe III functionally				
	ı	integrated, or Type III	5				71 7 71 7	,,				
f	Enter	r the number of support	ed organizatio	ns			<u></u>					
g		Provide the following i	nformation abo	out the supported orga	nızatıon(s)							
Nar	ne of s	(i) upported organization	(ii)EIN	(iii) Type of	(iv) Is the organ		(v) A mount of	(vi) A mount of other				
				organization (described on lines 1-9 above (see instructions))	listed in your docume	governing	monetary support (see instructions)	support (see instructions)				
					Yes	No						

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2015

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
------------	--------	---------

supported organization

S	ection A. Public Support	<u>'</u>	,					
	Calendar year	(a)2011	(b) 2012	(c) 2013	(d)2014	(e)2	.015	(f) Total
-	fiscal year beginning in)	(4)2011	(5)2 0 12	(6)2013	(4)2011	(0)2		(1)10tu1
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	125,576	134,743	224,401	88,133		1 49,549	722,402
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	125,576	134,743	224,401	88,133		149,549	722,402
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							124 505
	supported organization) included on line 1 that exceeds 2% of the							134,595
	amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							587,807
	from line 4							307,007
S	ection B. Total Support							
/	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2	015	(f) Total
7	fiscal year beginning in) ► A mounts from line 4	125,576	134,743	224,401	88,133		149,549	722,402
8	Gross income from interest,			,,				,
Ū	dividends, payments received on	18,721	16,664	29,343	41,417		44,680	150,825
	securities loans, rents, royalties	10,721	10,004	29,343	41,417		44,000	130,625
	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 VI)							
11	Total support. Add lines 7							072.22
	through 10							873,227
12	Gross receipts from related activiti	es, etc (see instr	uctions)			12		86,102
13	First five years.If the Form 990 is	for the organizatio	n's first, second,	thırd, fourth, or fı	fth tax year as a s	section	501(c)(3)	organization,
	check this box and stop here						.▶ □	
S	ection C. Computation of Pul	• •						
14	Public support percentage for 2015	5 (line 6, column (f) divided by line	11, column (f))		14		67 310 %
15	Public support percentage for 2014	1 Schedule A, Par	t II, line 14			15		61 880 %
16a	33 1/3% support test-2015.If the	organization did n	ot check the box	on line 13, and li	ne 14 is 33 1/3%	or more	, check th	nis box
	and stop here. The organization qua	alıfıes as a publıcl	y supported organ	nızatıon				▶ 🗸
b	33 1/3% support test—2014. If the	organization did r	not check a box or	n line 13 or 16a,	and line 15 is 33	1/3% or	more, ch	eck this
	box and stop here. The organization			_				▶
17a	10%-facts-and-circumstances test							
	is 10% or more, and if the organiza in Part VI how the organization med			•		•		ted
	organization	cts the lacts-allu	cheumstances	cest The organiz	Lation qualines as	а ривпо	Liy Suppoi	► □
b	10%-facts-and-circumstances test	—2014. If the orga	nization did not cl	heck a box on line	e 13.16a.16b o	r 17a. a	nd line	
,	15 is 10% or more and if the organ							

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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

• •			_															
(Complete only	if you	ı che	cked	the box	on	lıne	9	of	Part	I or	ıf the	e organizatio	n ·	faıled	to q	lualify	under	Part
TT TC 11																		

Se	ction A. Public Support	Trans to quant	y under the tee	to noted below,	picase compi	20 1 410 1117	
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e)2015	(f)Total
•	iscal year beginning in)	(-)	(-)	(-)	(=)===	(-)	(1)
1	Gifts, grants, contributions, and membership fees received (Do						
	not include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to						
	the organization's tax-exempt						
	purpose						
3	Gross receipts from activities						
	that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified						
	persons						
D	A mounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of						
_	the amount on line 13 for the year Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
-	iscal year beginning in) ►		·	· · ·	. ,	· ,	
9 .0a	A mounts from line 6 Gross income from interest,						
.ua	dividends, payments received on	İ					
	securities loans, rents, royalties	İ					
	and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes)	İ					
	from businesses acquired after	İ					
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated	İ					
	business activities not included in line 10b, whether or not the	İ					
	business is regularly carried on						
12	Other income Do not include	İ					
	gain or loss from the sale of capital assets (Explain in Part	ı					
	VI)						
13	Total support. (Add lines 9, 10c,	ı					
14	11, and 12) First five years.If the Form 990 is f	or the organizati	nn's first second	third fourth or f	 	section 501(c)	(3) organization
-	check this box and stop here	or the organization	on 5 m 5 c, 5 c c o m a	, china, rouren, or r	men eax year as a	300000000000000000000000000000000000000	► □
Se	ction C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2015	(line 8, column	(f) divided by line	13, column (f))		15	
16	Public support percentage from 201	14 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
17	Investment income percentage for				nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
	33 1/3% support tests—2015. If the		,		line 15 is more t		nd line 17 is not
	more than 33 1/3%, check this box	=					▶ □
b	33 1/3% support tests—2014. If the						
	18 is not more than 33 1/3%, check	this box and st	op here. The orga	nızatıon qualıfıes	as a publicly sup	ported organiza	tion 🕨
20	Private foundation. If the organizati	on did not check	a box on line 14	, 19a, or 19b, che	eck this box and s	see instructions	▶┌

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

	I, complete Sections A and D, and complete Part V)			
Se	ction A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3 c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
С	by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5 b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9 a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		

Part IV Supporting Organizations (continued)

Sectio	n B.	Type	I Su	pporting	ı Organiz	ations

S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
	,, <u> </u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2		[Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of	2a		
	the organization's supported organization(s) would have been engaged in?			

If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of

b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

each of the supported organizations? Provide details in Part VI

2b

3a

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S		•	ructions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L	Net short-term capital gain	1		(optional)
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting (organization (see

Pality Type III Non-Functionally Integra	ated 509(a)(3) Suppo	rting Organizations (co	ontinuea)
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomp	plish exempt purposes		
2 A mounts paid to perform activity that directly furthe excess of income from activity			
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	quired)		
6 Other distributions (describe in Part VI) See instru			
7 Total annual distributions. Add lines 1 through 6			
7 Total allitual distributions. Add lines 1 tillough 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		····	····
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7		ı	
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
			(F 000 000 F7) (201 F

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SCHEDULE D (Form 990)

Department of the

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493123012837

Open to Public Inspection

Na ı The	me of the organization e Foundation of the Federal Bar		Empl	oyer identification number
	ociation Int I Organizations Maintaining Donor	r Advised Funds or Other Similar F		741814 or Accounts.
	Complete if the organization answer	ed "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year	1		
2	Aggregate value of contributions to (during year)	54,650		
3	Aggregate value of grants from (during year)	54,650		
4	Aggregate value at end of year	8,378		
5	Did the organization inform all donors and donor a funds are the organization's property, subject to	5	or advis	sed √Yes No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			r purpose √ Yes
Pa	rt III Conservation Easements. Comple	ete if the organization answered "Yes" o	n Forn	n 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by th	ne organization (check all that apply)		
	Preservation of land for public use (e.g., recreducation)		n histor	ıcally ımportant land area
	Protection of natural habitat	' '		d historic structure
	Preservation of open space	Treservation of a	certific	a mistoric structure
,	Complete lines 2a through 2d if the organization	held a qualified conservation contribution in t	he form	of a conservation
-	easement on the last day of the tax year	meta a qualified conservation contribution in a		or a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easeme		2b	
c	Number of conservation easements on a certified	, ,	2c	
d	Number of conservation easements included in (historic structure listed in the National Register	c) acquired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or terminate	d by the	e organization during the
	tax year ▶			
4	Number of states where property subject to cons	ervation easement is located ▶		
5	Does the organization have a written policy regar violations, and enforcement of the conservation of	ding the periodic monitoring, inspection, hand	— dling of	┌ Yes
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of violations, and enforci	ng cons	ervation easements during the
	-			
7	A mount of expenses incurred in monitoring, insperience \$	ecting, handling of violations, and enforcing co	onserva	tion easements during the year
В	Does each conservation easement reported on II (B)(I) and section $170(h)(4)(B)(II)$?	ne 2(d) above satisfy the requirements of sec	tion 17	0 (h)(4)
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organization's financial		The state of the s
ar	rt III Organizations Maintaining Collec	ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
1a	If the organization elected, as permitted under Si works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	assets held for public exhibition, education,	or resea	arch in furtherance of public
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide the following amounts relating to	assets held for public exhibition, education,		
((i) Revenue included on Form 990, Part VIII, line	1	> \$	
(i	ii) Assets included in Form 990, Part X	f		
2	If the organization received or held works of art,		or financ	

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	t III	Organizations Maintaining (continued)	Collections of A	Art, His	torica	l Treasu	res, or (Other Simila	ar Ass	ets
3		g the organization's acquisition, acception items (check all that apply)	ession, and other re	cords, ch	neck any	of the follo	wing that	are a significa	nt use o	fits
а		Public exhibition		d	Г	oan or excl	hange prog	grams		
b		Scholarly research		e	Го	ther				
c		Preservation for future generations								
4	Provi Part)	de a description of the organization's XIII	s collections and ex	plain hov	w they fu	rther the or	rganızatıor	n's exempt pur	pose in	
5		g the year, did the organization solic s to be sold to raise funds rather tha							_ Yes	□ No
Pai	rt IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		n Form	990, Pa	ırt IV, lıne	9, or re	ported an an	nount (on Form 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other inte	rmediary	for cont	ributions o	r other ass	_	_ Yes	☐ No
b	If'	"Yes," explain the arrangement in Pa	rt XIII and comple	te the fol	llowing ta	able			A mou	nt
c	Ве	ginning balance					1c			
d	A d	ditions during the year					1 d			
e	Dis	stributions during the year					1e			
f	En	dıng balance					1f			
2a	Did th	ne organization include an amount or	n Form 990, Part X,	line 21,	for escr	ow or custo	dıal accou	int liability?	_ Yes	☐ No
b		es," explain the arrangement in Part								<u>U</u>
Pa	rt V	Endowment Funds. Complet	te if the organization (a)Current year		or year		years back	, Part IV, line (d)Three years		E)Four years back
	Beau	nning of year balance	(a)Current year	(6)	ioi yeai	b (C)IWO	years back	(d)Three years	Dack (ejroui years back
b		ributions								
c	Net i losse	nvestment earnings, gains, and es								
d	Gran	ts or scholarships								
e		r expenditures for facilities programs								
f	A d m	inistrative expenses								
g	End o	of year balance								
2	Provi	de the estimated percentage of the o	current year end bal	ance (Iır	ne 1g, co	lumn (a)) h	eld as			
а	Board	d designated or quasi-endowment 🕨								
b	Perm	anent endowment ▶								
c		orarily restricted endowment > Dercentages on lines 2a, 2b, and 2c s	should equal 100%							
3а		here endowment funds not in the pos nization by	session of the orga	nızatıon	that are	held and ac	dmınıstere	d for the		Yes No
	(i) un	related organizations							3a(i)	
		elated organizations							3a(ii))
ь 4		es" on 3a(II), are the related organiza ribe in Part XIII the intended uses o							. 3b	
	rt VI	Land, Buildings, and Equip		CHOTTH	iciic iaiia					
		Complete if the organization a		Form 9						
		Description of property		(a		other basis stment) Co	(b) ost or other b (other)		nulated ciation	(d)Book value
1a	Land			🔼						
b	Buildin	ngs		· ·						
		nold improvements		· _						<u> </u>
		nent		·						
		Ines 1a through 1e (Column (d) mus	t equal Form 000 D-	rt V colo	mn /P\ !	une 10(c) \			>	0
TOLE	ıı. Auu	imes ta unough te (corumn (a) mus	. cquai i 0i iii 990, Pai	ica, corui	ши (<i>D), l</i> i	10(C))				Form 990) 2015

Part VII Investments—Othe See Form 990, Part X	er Securities. Co	implete if the orga		
(a) Description of	security or category me of security)	/	(b)Book value	(c)Method of valuation Cost or end-of-year market val
1)Financial derivatives	me or security)			Cost of elid-of-year market var
2)Closely-held equity interests				
3) O ther				
otal. (Column (b) must equal Form 990, Pa	art Y col (B) line 12)	•		
art VIII Investments—Prod	gram Related.			
		d 'Yes' on Form 99		See Form 990, Part X, line 13.
(a) Descriptio	on of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market val
				. ,
latal (Column (h) must agual Form 990 P.	art V. col (B) line 12)	•		
		on answered 'Yes' on	Form 990, Part IV, line	e 11d See Form 990, Part X, line 15
		on answered 'Yes' on	Form 990, Part IV, line	e 11d See Form 990, Part X, line 15 (b) Book value
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
	lete if the organizati	on answered 'Yes' on	Form 990, Part IV, line	
Other Assets. Complete of the complete of the	(a) Desc	on answered 'Yes' on cription		(b) Book value
otal. (Column (b) must equal Form 99 Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities. Complete Part X Other Liabilities.	(a) Description (b) Inne omplete if the organization (b) Description (c) Descr	on answered 'Yes' on cription		(b) Book value
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otal. (Column (b) must equal Form 99 Part X Other Liabilities. Co See Form 990, Part X (a) Description of	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription 15) anization answere		(b) Book value
Total. (Column (b) must equal Form 99 Part X Other Liabilities. Congression See Form 990, Part X (a) Description of the congression of the congr	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription 15) anization answere		(b) Book value
Total. (Column (b) must equal Form 99 Part X Other Liabilities. Conservation of See Form 990, Part X (a) Description of the conservation of the	(a) Desc (a) Desc (b) Desc (c) Desc (c) Desc (d) Desc (e) Desc (e) Desc (e) Desc (f) Desc (e) Desc (e) Desc (f) Desc (f) Desc (g) De	answered 'Yes' on tription 15) anization answere		(b) Book value
See Form 990, Part X	(a) Description (a) Descriptio	answered 'Yes' on tription 15) anization answere		(b) Book value

Total revenue, gains, and other support per audited financial statements .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . .

Donated services and use of facilities . .

Recoveries of prior year grants .

Other (Describe in Part XIII) .

Add lines 2a through 2d .

Return Reference

Part X, Line 2

Schedule D (Form 990) 2015

1

d

242,599

48,769

3	Subtract line 2e from line 1	3	193,830
1	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 4,258		
b	Other (Describe in Part XIII) 4b		
c	Add lines 4a and 4b	4c	4,258
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	198,088
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per	Return.
L	Total expenses and losses per audited financial statements	1	220,646
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		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	7,091
3	Subtract line 2e from line 1	3	213,555
1	A mounts 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 4,258		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	4,258
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	217,813
Part	XIII Supplemental Information		
Part	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to mation		de any additional

Explanation

provisions of this guidance

Management evaluated the Foundation's tax positions and concluded that the Foundation had taken no uncertain tax positions that require adjustment to the financial statements to comply with the

2a

2b

2c

2d

41,678

7,091

2e

	Page 5
rmation (continued)	
Explanation	
Fundraising event expenses 7,091	
	Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990)

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

Department of the

Internal Revenue Service Name of the organization

The Foundation of the Federal Bar

Treasury

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493123012837

2015

Open to Public Inspection

Schedule I (Form 990) 2015

Employer identification number

52-0741814

Association						52-0741814	
Part I General Information	n on Grants ar	nd Assistance					
Does the organization maintain the selection criteria used to awDescribe in Part IV the organization	vard the grants or a	ssistance?				stance, and	√ Yes
Part II Grants and Other Assistation that received more than s				iplete if the organization	answered "Yes" on F	form 990, Part IV, line 2:	l , for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							
2 Enter total number of section 50	01(c)(3) and gover	nment organizations li	stad in the line 1 table			<u> </u>	1
3 Enter total number of other orga		5					7

Cat No 50055P

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Explanation Return Reference Before any grant is approved, the Foundation performs a review of the specific grant request and conducts an assessment on the needs and Part I, Line 2 purpose/mission of the requesting entity. Some grants awardees are required to submit a follow-up report

Additional Data

Software ID: Software Version:

EIN: 52-0741814

Name: The Foundation of the Federal Bar

Association

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
P Michael Mahoney Chapter Federal Bar Association 327 S Church Street Rockford, IL 61101	47-3239597	501(c)(6)	10,000	0	N/A	N/A	Chapter Community Outreach Grant- See Part IV
Western District of North Carolina Chapter 435 E Morehead St Charlotte, NC 28202	27-1430654	501(c)(6)	10,000	0	N/A	N/A	Chapter Community Outreach Grant- See Part IV
South Carolina Chapter Federal Bar Association 1310 Gadsden St Columbia, SC 29201	57-1185711	501(c)(6)	14,500	0	N/A	N/A	Community Outreach Grant & Ilene and Michael Shaw Younger Lawyer Public Service Grant-See Part IV

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance other) or government assistance Federal Bar Association Utah 87-0620506 501(c)(6) 5,325 0 N/A N/A Chapter Community Outreach Grant- See Chapter Inc PO Box 11543 Part IV

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1220 North Filmore Suite

Arlington, VA 22201

444

Salt Lake City, UT 84147							
Mid-Minnesota Legal Assistance 430 1st Avenue N Minneapolis, MN 55401	41-1412710	501(c)(3)	20,000	0	N/A		Minnesota Chapter Grant
The Federal Bar Association	53-0182821	501(c)(6)	5,000	0	N/A	N/A	Moot Court Competition

Sponsorship- See Part

(a) Name and address of **(b)** EIN (c) IRC section (e) A mount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (d) A mount of cash ıf applıcable cash (book, FMV, appraisal, non-cash assistance or assistance organization grant or government other) assistance 501(c)(6) 7,500 N/A Eastern District of New York 26-0202940 0 N/A Community Outreach Chapter Grant & Ilene and Michael Shaw Younger Lawyer Public Service

100 Motor Parkway Suite 138 Hauppauge, NY 11788 93-0965011 501(c)(6) 5.000 0 N/A N/A Oregon Chapter

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Grant-See Part IV Chapter Community 501 SE Hawthorne Boulevard Outreach Grant 500 Portland, OR 97214

Schedule J (Form 990)

Compensation Information

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

DLN: 93493123012837 OMB No 1545-0047

reas	ury nal Revenue Service	► Information about Schedule J (Fe	orm 990) and its instructions is at <u>www.irs.</u>	<u>gov/10/m990</u> .	Insp	ectio	n
Na	me of the organize Foundation of the F			Employer identificati	on nur	nber	
	ociation	ederal bai		52-0741814			
Pa	rt I Questi	ons Regarding Compensation	1				
						Yes	No
1a			vided any of the following to or for a person l to provide any relevant information regardii				
	First-clas	s or charter travel	Housing allowance or residence fo	r personal use			
	Travel for	companions	Payments for business use of pers	onal residence			ļ
	Tax idemr	nification and gross-up payments	Health or social club dues or initia	tion fees			!
	Discretion	nary spending account	Personal services (e g , maid, chai	uffeur, chef)	 		l I
b	•	•	ganization follow a written policy regarding p escribed above? If "No," complete Part III t	•	1 b		
2			eimbursing or allowing expenses incurred by cutive Director, regarding the items checked		2		
3	organization's (CEO/Executive Director Check all th	nization used to establish the compensation lat apply Do not check any boxes for metho ation of the CEO/Executive Director, but ex	ds			
	Compensa	ation committee	Written employment contract				
	Independe	ent compensation consultant	Compensation survey or study		j j		ĺ
	Form 990	of other organizations	Approval by the board or compens	ation committee			
4	During the year or a related org		Part VII, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control	payment?		4a		No
b	Participate in, o	or receive payment from, a supplemer	ntal nonqualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-ba	ased compensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the applicable amounts for each item i	n Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizat	tions must complete lines 5-9.				
5		ted on Form 990, Part VII, Section A contingent on the revenues of	, line 1a, did the organization pay or accrue	any			
а	The organization	on?			5a		Νo
b	Any related org				5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III					
6		ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a, did the organization pay or accrue	any			
а	The organization	on?			6a		Νo
b	Any related org	ganization?			6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III					
7		ted on Form 990, Part VII, Section A described in lines 5 and 6? If "Yes," d	, line 1a, did the organization provide any no lescribe in Part III	on-fixed	7		No
8	•		paid or accured pursuant to a contract that v i Regulations section 53 4958-4(a)(3)? If "		8		No
۵	If "Ves" on line	8 did the organization also follow the	e rehuttable presumption procedure describ	ed in Regulations			

section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2015

Note. The sum of columns (B)(I)-(III) for each listed individ	ual must equal the tota	Tamount of Form 990,	Part VII, Section A, Iir	ne 1a, applicable colur	mn (D) and (E) amount	s for that individual	
(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
	Base	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior	

13.080

9.618

264.157

(A) Name and Title	(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensatio
	Base	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(B)(ı)-(D)	column(B) report as deferred on p
	(i) compensation	compensation	compensation	· ·			Form 990

22,000

1 Karen B Silberman

219,459

Schedule J (Form 990) 2015

Executive Director

Schedule J (Form 990) 2015	Page 3							
Part III Supplemental Inform	nation							
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information							
Return Reference	Explanation							

Schedule J (Form 990) 2015

SCHEDULE	:
(Form 990 c)
990-EZ)	

Department of the

Internal Revenue

Name of the organization

Section A, line 7a

The Foundation of the Federal Bar

Treasurv

Service

Association

0

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 2015 Open to Public Inspection

DLN: 93493123012837

Employer identification number

52-0741814

Explanation

990 Schedule O, Supplemental Information

Return

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Reference Form 990, Part VI, The membership of this corporation consists of the incorporators listed in the first section of the chartering act (being 146 Section A, line 6 individuals), the persons who are members of the National Council of the Federal Bar Association for the year concurrent and while they are members of said National Council in good standing, and any such others as the corporation may provide for by bylaw or otherwise Form 990, Part VI, Board vacancies shall be filled by a majority vote of the members of the corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Each member of the corporation may cast one vote on each matter submitted to a vote of the members

Form 990, Part VI, Section B, line 11

An independent, outside CPA firm prepares the Form 990 Copies of the 990 draft are distri buted to the board, providing an opportunity for any board members to ask questions or add ress any issues before the final form 990 is filed

990 Schedule O, Supplemental Information

Return Reference

	—
Form 990, Part VI, Section B, line 12c	To insure compliance with the Foundation Conflict of Interest Policy each member of the Board of Directors will complete a Conflict of Interest Questionnaire annually. The annual questionnaires will be collected and maintained by the Executive Director.
Form 990, Part VI, Section C, line 19	The Foundation's governing documents and financial statements are available at its headquarters

Explanation

990 Schedule O, Supplemental Information

Return Reference Explanation

Return Reference	Explanation
Form 990. Part XII.	The Foundation's Board of Directors is responsible for oversight of the audit, including selection of the independent

accountant. The process is consistent with prior years.

Line 2c

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

DLN: 93493123012837OMB No 1545-0047

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Schedule R (Form 990) 2015

Employer identification number

Department of the Treasury
Internal Revenue Service
Name of the organization

The Foundation of the Federal Bar

SCHEDULE R

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

SSOCIATION				52-07418	14			
Part I Identification of Disregarded Entities Comple	te if the organization	answered "Yes" on	ı Form 990, Part					
(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Ei	(e) nd-of-year assets	Dı	(f) rect controlling entity		
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the		ne organization ans	swered "Yes" on	Form 990, Pa	rt IV, lı	ne 34 because it l	had on	е
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code sectio	n Public charity (if section 501		(f) Direct controlling entity	Section (13) co	g) n 512(b) ontrolled tity?
1)Federal Bar Association 220 North Fillmore Suite 444 strington, VA 22201	Premier bar association serving the federal practitioner & judiciary	DC	501(c)(6)				Yes	No No
i2-0182821 2)Federal Bar Building Corporation .220 North Fillmore Suite 444 wrington, VA 22201	Title Holding Corporation	DC	501(c)(2)					No
52-0806715								
								-
								-

Cat No 50135Y

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca) ertionate etions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	aging	(k) Percentage ownership
				514)			Yes	No	1	Yes	No	
				1				 •	 			
									-			
							-	-	-	-		
									-			
Part TV Identification of Polated Organizations Taxable a	e a Cornor	ation	or Trust C	omplete if th	0.00000173	tion ancy	vorod	"Voc!	on Form 9	90 6	Dart 1	IV line

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(i) Section 512 (b)(13) controlled entity?	Yes No				
(h) Percentage ownership					
(g) Share of end- of-year assets					
(f) Share of total Income	,				
(e) Type of entity (C corp, S corp, or trust)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign country)	1	1			
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

No

No

Yes

1a

1b Yes

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

c Gift, grant, or capital contribution from related organization(s)				1c	NO
d Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
g Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j	No
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
Performance of services or membership or fundraising solicitations for related organization(s)				11	No
f m Performance of services or membership or fundraising solicitations by related organization(s) .				1m Ye	es
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1 p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
r Other transfer of cash or property to related organization(s)				1r	No
${f s}$ Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must compl	lete this line, including co	overed relationships	and transaction threshol	ıds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved		
(1)Federal Bar Association	В	5,000	Cash grant-Moot Court Spons		
(2)Federal Bar Association	М	27,250	Agreement- Admin services		

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

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) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	total end-of-year	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
												1 1	

