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Department of the

Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493137026931

2019

Open to Public Inspection

A F	or th	e 2019 c	alendar year, or tax year beg	ginning 07-01-2019 $$, and ending 06-3	30-2020		
B Che	ck if a	pplicable:	C Name of organization The Florida Bar Foundation Inc			D Employer	identification number
		change				59-100460	04
□ Na □ Ini		-	% LOU ANN POWELL CFO Doing business as			—	
		n/terminated	-				
		d return	Number and street (or P.O. box i	f mail is not delivered to street address) Room/s	uite	E Telephone r	number
□ Ар	plicati	on pending	875 CONCOURSE PARKWAY SOU	TH Suite		(407) 960	-7000
			City or town, state or province, c MAITLAND, FL 32751	ountry, and ZIP or foreign postal code			
			MATTEAND, TE 32731			G Gross recei	pts \$ 56,759,865
			F Name and address of princ	ipal officer:	H(a) Is	this a group retur	n for
			LOU ANN POWELL 875 CONCOURSE PARKWAY S	i 195		ubordinates?	□Yes 🛂 No
			MAITLAND, FL 32751			re all subordinates cluded?	☐ Yes ☐No
I Tax	x-exer	mpt status:	: $\boxed{2}_{501(c)(3)} \qquad _{501(c)()}$	◄ (insert no.)	1		. (see instructions)
J W	ebsit	te:► WV	WW.FLORIDABARFOUNDATION.C	DRG	H(c) G	roup exemption nu	ımber ▶
					I Voor of t	formation, 1056 M	Ctate of local demission FI
K Forn	n of o	rganization	a: 🗹 Corporation 🗌 Trust 🔲 A	ssociation ☐ Other ►	L Year or i	formation: 1956 M	State of legal domicile: FL
Pa	art I	Sum	ımary				
			scribe the organization's mission				
e e	<u> </u>	FUNDING	, PROMOTION AND SUPPORT FO	OR GREATER ACCESS TO JUSTICE SYSTEM			
an E							
E	-						
Governance				discontinued its operations or disposed of			ets.
<i>.</i> 5			-	ning body (Part VI, line 1a)			3 31
χ ο Υ	4	Number	of independent voting members	of the governing body (Part VI, line 1b)			4 31
I te	5	Total nui	mber of individuals employed in	calendar year 2019 (Part V, line 2a) .			5 20
Activities &	6	Total nui	mber of volunteers (estimate if i	necessary)			6 40
ď	l			Part VIII, column (C), line 12			7a 0
	b	Net unre	elated business taxable income f	rom Form 990-T, line 39	<u> </u>		7b
						Prior Year	Current Year
<u>9</u> :	8	Contribu	tions and grants (Part VIII, line 1	lh)		14,526,535	16,066,356
Ravenue	9	Program	service revenue (Part VIII, line 2	2g)		(0
Αş∢	10	Investme	ent income (Part VIII, column (A		362,042	513,301	
_	11	Other re	venue (Part VIII, column (A), line	es 5, 6d, 8c, 9c, 10c, and 11e)		6,985,56	· · ·
	12	Total rev	venue—add lines 8 through 11 (r	must equal Part VIII, column (A), line 12)		21,874,138	24,924,947
	13	Grants a	nd similar amounts paid (Part IX	(, column (A), lines 1–3)		10,654,400	11,564,652
	14	Benefits	paid to or for members (Part IX,	, column (A), line 4)		(0
æ	15	Salaries,	other compensation, employee	benefits (Part IX, column (A), lines 5–10)		1,331,836	1,496,439
Expenses	16a	Profession	onal fundraising fees (Part IX, co	olumn (A), line 11e)		(0
Š	b	Total fund	Iraising expenses (Part IX, column (D	0), line 25) ►240,138			
ш	17	Other ex	penses (Part IX, column (A), line	es 11a-11d, 11f-24e)		1,460,768	960,332
	18	Total exp	penses. Add lines 13–17 (must e	equal Part IX, column (A), line 25)		13,447,004	14,021,423
	19	Revenue	less expenses. Subtract line 18	from line 12		8,427,134	10,903,524
Net Assets or Fund Balances					Begini	ning of Current Yea	r End of Year
sets	20	Total acc	sets (Part X, line 16)			33,575,867	7 31,290,432
Asset B	l		• • • •				
žŠ.			oilities (Part X, line 26)			17,906,410	
	rt II		nature Block	e 21 Holli lille 20		13,009,43	25,002,309
				amined this return, including accompanying	a schedules	and statements.	and to the best of my
knowl	edge	and belie		ete. Declaration of preparer (other than off			
any k	nowie	eage.					
		****	**			2021-05-15	
Sign		Signat	ture of officer			Date	
Here	;	LOU A	NN POWELL CFO				
		Туре	or print name and title				
			Print/Type preparer's name		Date 2021-05- 1 5	Check I if PTI	N 1322693
Paid	t	L			2021-03-13	self-employed	
Pre	pare	er ˈ	Firm's name BDO USA LLP			Firm's EIN ►	
Use	On	ıly	Firm's address > 450 S Orange Ave S	Guite 550		Phone no. (407) 841	 1-6930
			Orlando, FL 32801			, , , , , , , , , , , , , , , , , , ,	
M	he TD	المحالم عا		noun abovo? (nea inchmentia		I	✓ Yes □ No
			s this return with the preparer sleeduction Act Notice, see the s		(at N	No. 11282Y	Form 990 (2019)
					-u. i		(2010)

Pa	990 (2019)					Page 2
1 4	rt III Statement o	f Program Service	e Accomplis	hments		
	Check if Schedu	ule O contains a respo	onse or note to a	any line in this Part III .		🗹
1	Briefly describe the org	ganization's mission:				
GOVE AND EFFIC SUPR ASSI	ERNORS AND THE SUPRI INVESTMENTS IN ASSE CIENTLY AND EFFECTIVE REME COURT APPROVED	EME COURT OF FLOR SSMENT, TRAINING, ELY. OUR BOARD, AM USES OF FUNDS FRO . IMPROVEMENTS IN	IDA, PROVIDES TECHNOLOGY, A ONG OTHER THI OM FLORIDA'S II THE ADMINIST	GREATER ACCESS TO JU AND TECHNICAL ASSIST INGS, ALLOCATES SEVE NTEREST ON TRUST ACC RATION OF JUSTICE . L	ON ESTABLISHED IN 1956 BY THE JSTICE IN FLORIDA THROUGH ST ANCE TO HELP GRANTEES BUILD RAL GRANT FUNDS ANNUALLY, IN COUNTS (IOTA) PROGRAM: . FREE AW STUDENT ASSISTANCE FOR A E-DO/	RATEGIC GRANTMAKING CAPACITY AND OPERATE CLUDING THREE FLORIDA CIVIL LEGAL
2	Did the organization u	ndertake any significa	nt program serv	vices during the year wh	ich were not listed on	
	the prior Form 990 or					🗌 Yes 🗹 No
	If "Yes," describe these					
3	Did the organization ce	ease conducting, or m	nake significant o	changes in how it condu	cts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe these	e changes on Schedu	e O.			
4		501(c)(4) organization	ons are required	to report the amount of	argest program services, as meas grants and allocations to others,	
4a	(Code:) (Expenses \$	11,095,757	including grants of \$	10,512,387) (Revenue \$)
4a	(Code: See Additional Data) (Expenses \$	11,095,757	including grants of \$	10,512,387) (Revenue \$)
	See Additional Data		· ,			
4a 4b	See Additional Data (Code:) (Expenses \$) (Expenses \$	11,095,757 571,328	including grants of \$ including grants of \$	10,512,387) (Revenue \$ 571,328) (Revenue \$)
	See Additional Data		· ,			
	See Additional Data (Code:		· ,			
4b	See Additional Data (Code: See Additional Data) (Expenses \$	571,328	including grants of \$	571,328) (Revenue \$)
4b	See Additional Data (Code: See Additional Data (Code:) (Expenses \$) (Expenses \$) (Expenses \$	571,328	including grants of \$	571,328) (Revenue \$)
4b	See Additional Data (Code: See Additional Data (Code: See Additional Data (Code: See Additional Data) (Expenses \$) (Expenses \$) (Expenses \$	571,328 693,710 93,436	including grants of \$ including grants of \$	571,328) (Revenue \$ 387,500) (Revenue \$)
4b 4c	See Additional Data (Code: See Additional Data (Code: See Additional Data (Code: LAW STUDENT ASSISTANCE)) (Expenses \$) (Expenses \$) (Expenses \$ CE	571,328 693,710 93,436	including grants of \$ including grants of \$ including grants of \$	571,328) (Revenue \$ 387,500) (Revenue \$)

18

19

Par	tiV 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 2	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? <i>If "Yes," complete Schedule C, Part I</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	Yes	
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 $\ref{20}$.	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? <i>If "Yes," complete Schedule D</i> ,Part 2	6		No
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? <i>If "Yes," complete Schedule D,</i> 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	Yes	
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	Yes	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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 2	11c		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 2	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	Yes	
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	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	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? If "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? If "Yes," complete Schedule G, Part I(see instructions)	17		No

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Nο

Nο

Nο

18

19

20a

20b

21

Yes

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Par	Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	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		
С	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? <i>If "Yes," complete Schedule L, Part I </i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pai	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>		
	Enterthe number was stadio Box 2 (65) and 4000 Fatter 0 (5) in 19		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5 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	

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
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	Yes	
За	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		
	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)? If "Yes," enter the name of the foreign country:	4a		No
	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
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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?	9 b		
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:			
a b	Gross income from members or shareholders			
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?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in	134		
С	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		.10
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	lines
Se	ction 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 1a 31			
	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 31			
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	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
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?	8b	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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	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?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 organization's exempt status with respect to such arrangements?			
	· · · · · · · · · · · · · · · · · · ·	16b		
<u>Se</u> 17	ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed▶			
1,	Elst 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-A 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)			
19	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.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: LOU ANN POWELL CFO 875 CONCOURSE PARKWAY SOUTH SUITE MAITLAND, FL 32751 (407) 960-7000			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. 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 furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
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(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

(A) Name and title	(B) Average hours per week (list any hours	than o	ne b	n off or/t	t che inles ficer	eck moss persection and a	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	'	(F) Estimated amount of oth compensation from the organization a	
	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)		rganizati relate organiza	ed
See Additional Data Table												
1b Sub-Total	•		<u> </u>	•		 		346,445	0			46,070
d Total (add lines 1b and 1c)		to thos			bove	e) who	rece		-			40,070
3 Did the organization list any forme			ee, k	ey e	mplo	oyee, o	or hi	ghest compensated	employee on		Yes	No
 line 1a? If "Yes," complete Scheduls For any individual listed on line 1a, organization and related organization individual 	is the sum of rep	ortable (the	3	Va	No
5 Did any person listed on line 1a rec services rendered to the organization									vidual for	5	Yes	No
Section B. Independent Contra Complete this table for your five his	hest compensate									ensa	ition	
from the organization. Report comp	ensation for the one (A) e and business addre		year	end	ing	with o	r wit		(B) ription of services		(C) Compen	

2 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

Part	VII	Statement	of R	Revenue						- rage 3
		Check if Scheo	dule	O contains a	respo	ense or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	14				<u>. </u>			revenue	revenue	512 - 514
nts nts		a Federated campab Membership dues		; · · [1a 1b					
Contributions, Gifts, Grants and Other Similar Amounts		c Fundraising even		· L	1c					
ts, (d Related organizat		Ŀ	1d					
Gif		e Government grants		Ŀ	1e					
ons, Sin		f All other contributio and similar amounts	ns, g	ifts, grants,						
in i		above		L	1f	16,066,356				
Contributions, and Other Sim		g Noncash contributio lines 1a - 1f:\$	ns in	cluded in	1g	15,020				
Cor		h Total. Add lines 1	1a-1	f		•	16,066,356			
						Business Code				
	2a									
an le										
Program Service Revenue	b									
vice	c	:								
Ser	d	 I								
ram										
Yog	e									
	f	All other program	serv	ice revenue.						
		Total. Add lines 2				0			I	
		Investment income similar amounts) .		luding divide	nds, i	nterest, and other	1/8 88	2		478,882
		Income from invest	men	t of tax-exer	npt bo	ond proceeds	<u> </u>	0		
	5	Royalties		 (i) Rea	•	•	•	0		
				(I) Kea	I	(ii) Personal	\dashv			
		Gross rents	6a				4			
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6c		0		0			
	(d Net rental income		(loss)		· · · •	<u> </u>	О		
				(i) Securit	ies	(ii) Other				
	7 <i>a</i>	Gross amount from sales of	7a	a 31,869,33		,				
		assets other than inventory								
	b	Less: cost or other basis and	7b	31,8	34,918	,				
		sales expenses					+			
		Gain or (loss)	7c		34,419					2, 4,0
		d Net gain or (loss) Gross income from fu					34,419	9		34,419
ıμe				of						
æ A		See Part IV, line 18			8a	C				
ř.		Less: direct expen			8b	C				
Other Revenue	(Net income or (los	s) fr	om tundraisi	ng eve	ents	1	0		
	9a	Gross income from g See Part IV, line 19	gami	ing activities.		_				
	ı	Less: direct expen			9a 9b	C				
		c Net income or (los				es		o		
	• •	- Curan and an af impre								
	10	a Gross sales of inve returns and allowa	nces	ry, iess	10a	C)			
	ŀ	Less: cost of good	s sol	ld	10 b	C				
	(Net income or (los Miscellaneo			nvent	ory ► Business Code	1	0		
	11	La _{LITIGATION} SETT				90009	9 8,266,46	8,266,467		
	ŀ	CY PRES AWARDS	;			90009	9 21,400	6 21,406		
	•	MISCELLANEOUS				90009	9 57,41	7 57,417		
		d All other records			,					
	d All other revenue e Total. Add lines 11a-11d					•				+
	12 Total revenue. See instructions						8,345,29			+
			- "			• • •	24,924,94	8,345,290		513,301 Form 990 (2019)

Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must of		_		ımn (A).
	Check if Schedule O contains a response or note to an	ny line in this Part IX			· · · · ·
	not include amounts reported on lines 6b, 8b, 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	10,260,707	10,260,707		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,303,945	1,303,945		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	407,342	109,932	266,054	31,356
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	844,924	308,069	444,533	92,322
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	61,748	21,306	30,984	9,458
9	Other employee benefits	98,746	37,455	50,457	10,834
10	Payroll taxes	83,679	28,997	46,086	8,596
11	Fees for services (non-employees):				
	a Management	0			
_	Legal	2,616		2,616	
	c Accounting	48,101		48,101	
	d Lobbying	0			_
	e Professional fundraising services. See Part IV, line 17	0			
	Investment management fees	21,157		21,157	
	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0		,	
12	Advertising and promotion	13,606		12,273	1,333
	Office expenses	105,917	15,247	45,926	44,744
	Information technology	225,667	142,723	78,699	4,245
	Royalties	0			
16	Occupancy	121,847	27,050	85,780	9,017
	Travel	21,315	6,868	13,715	732
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0		· ·	
19	Conferences, conventions, and meetings	58,645	39,866	17,457	1,322
	Interest	18,374	554	17,635	185
21	Payments to affiliates	8,800		8,800	
22	Depreciation, depletion, and amortization	39,545	8,779	27,840	2,926
	Insurance	45,507	10,103	32,036	3,368
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.)				
	a PROFESSIONAL SERVICES	135,421	80,914	35,581	18,926
	b MISCELLANEOUS	4,245	2,848	1,264	133
	c ALL OTHER EXPENSES	89,569	48,868	40,060	641
		35,305	10,000	10,000	
	d				
	e All other expenses	14,021,423	12,454,231	1,327,054	240,138
	Total functional expenses. Add lines 1 through 24e 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).	14,021,423	12,434,231	1,327,034	240,130

Forn	n 990	(2019)					Page 11
Р	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		·	230	1	230
	2	Savings and temporary cash investments .		[13,557,435	2	17,093,481
	3	Pledges and grants receivable, net		,	1,855,535	3	816,824
	4	Accounts receivable, net		[109,644	4	36,844
	5	Loans and other payables to any current or form key employee, creator or founder, substantial contity or family member of any of these persons Loans and other receivables from other disquali	ontribu	tor, or 35% controlled	0	5	0
		section $4958(f)(1)$), and persons described in se	0	6	0		
s	7	Notes and loans receivable, net	512,392	7	622,957		
Assets	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			140,489	9	88,381
~	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,193,414			
	b	Less: accumulated depreciation	10b	1,093,308	91,594	10 c	100,106
	11	Investments—publicly traded securities .			16,832,975	11	12,494,543
	12	Investments—other securities. See Part IV, line	11 .		438,507	12	0
	13	Investments—program-related. See Part IV, line	11 .		0	13	0
	14	Intangible assets		[0	14	0
	15	Other assets. See Part IV, line 11		[37,066	15	37,066
	16	Total assets. Add lines 1 through 15 (must equ	ual line	: 34)	33,575,867	16	31,290,432
	17	Accounts payable and accrued expenses			351,575	17	272,072
	18	Grants payable			3,137,216	18	2,613,704
	19	Deferred revenue			10,990,249	19	2,688,064
	20	Tax-exempt bond liabilities			0	20	0
Ś	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D	5,854	21	4,958
abilities	22	Escrow or custodial account liability. Complete F Loans and other payables to any current or forn employee, creator or founder, substantial contri or family member of any of these persons Secured mortgages and pates payable to unrela-	ner offi butor,	cer, director, trustee, key or 35% controlled entity	0	22	0
≔	22	Converse markers are and makes may able to viewels	نماط لممط		3 375 000	22	

25

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33

3,375,000

46,516

17,906,410

15.044,674

15,669,457

33,575,867

624,783

0 24 0

0

29,125

5.607.923

24.967,913

25,682,509

31,290,432 Form 990 (2019)

714,596

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Secured mortgages and notes payable to unrelated third parties

Other liabilities (including federal income tax, payables to related third parties,

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

23

24

26

27

28

29

30

31

32

33

Net Assets or Fund Balances

3a

3h

No

Form 990 (2019)

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

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 59-1004604

Name: The Florida Bar Foundation Inc.

Form 990 (2019)

management system.

Form 990, Part III, Line 4a:

Legal Assistance for the Poor: In 2019-20, approved grant awards included childrens legal services, community economic development, two-year Equal Justice Works Fellowships, the Civil Legal Aid Training Initiative, and student loan forgiveness to 200+ attorneys at legal aid organizations. The Engle Grant program provided funding to qualified legal aid organizations in the Middle District of Florida to assist litigants in obtaining representation in court. Other 2019-20 projects included: 1) Coordinating and partially subsidizing online legal research services to legal assistance grantees at a significantly reduced rate, with the Foundation facilitating centralized billing for a Statewide contract with international legal research firm, Westlaw; and 2) Continued partial subsidies to grantees for an online case management system (Legal Server) funded and implemented by the Foundation in 2008 to improve the administration of the day-to-day casework and related activities of program lawyers and paralegals. This case management system provides grantees the data and communication needed to manage cases, track outcomes, and report to funding sources. The Foundations statewide contract with Legal Server effectively reduces the cost to grantees and makes the service available to some who could not otherwise afford a computerized case

Form 990, Part III, Line 4b:

justice (Hope Court) project for foster youth

Improvements in the Administration of Justice: In 2019-20, approved grant awards included continued funding for The Florida Innocence Project, which works to exonerate

Floridians for crimes they did not commit, Floridas Children First, which works to improve the child welfare system, and Legal Aid Service of Broward Countys restorative

Form 990, Part III, Line 4c: pro bono partnerships: "pro bono" roughly translates to "for the good of the publicgenerally encompasses lawyers agreeing to represent at no charge, persons who cannot

Transformation and Innovation grant program. The purpose of the Pro Bono Transformation and Innovation Grants program is to develop and enhance grantees pro bono programs that serve low-income Floridians to improve the reach, quality, and effectiveness of the services clients receive. This is done either through a restructuring of the

otherwise afford to hire an attorney. The Florida Bar Foundations Pro Bono department was the hub and connector between law firms, law schools, the judiciary, legal aid, and other stakeholders to increase awareness of, and create pro bono opportunities. During the period in question, the Foundation continued to support the Pro Bono

grantees current pro bono program to be more streamlined, efficient, and integrated within the organization or through projects which are replicable, innovative, and based on industry best practices. The Foundation funded three transformation grants and five innovation grants in 2019-20. During the year, the Foundation also provided support

and funding to the Florida Pro Bono Coordinators Association to expand pro bono efforts and opportunities and create further partnerships. The Foundation expanded

FloridaProBonoMatters.org, an online referral system that enables lawyers to search for and take pro bono cases across multiple legal aid organizations. The Foundation also

hosted by Foundation grantees.

facilitated the Florida Pro Bono Law School Challenge for the second year, which matches law students from all 12 Florida law schools with lawyers to work on client cases

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

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	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Lou Ann Powell CFO/TREASURER/SECRETARY	50.0			х				161,328	0	36,282
Dominic C MacKenzie CEO / EXECUTIVE DIRECTOR	50.0			х				185,117	0	9,788
Connie Bookman	3.0	Х		х				0	0	0

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Dominic C MacKenzie	50.0		x		185,117
CEO / EXECUTIVE DIRECTOR	0.0				103,117
Connie Bookman	3.0	.,			
second vice president	0.0	Х	X		0
John P Cardillo	1.5	v			0
Director	0.0	^			Ĭ

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and Independent Contractors

Carl J Domino

Carlos Halley

Juliette E Lippman

Thomas R Oldt

Hala Sandridge

Stephen R Senn

FIRST VICE PRESIDENT

PRESIDENT

PRESIDENT-ELECT

immediate past president

Director

Director

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other wook (list nerson is both an officer from the from rolated componention

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours					orrice (ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Roberto R Pardo Director	1.5	х						0	0	0
Hon Suzanne Van Wyk Director	0.0	Х						0	0	0
Hon Edwin A Scales III Director	1.5	X						0	0	0
Hon Reginald K Whitehead	1.5								0	

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Director	0.0	
Hon Edwin A Scales III	1.5	
Director	0.0	
Hon Reginald K Whitehead	1.5	
Director	0.0	
Murray B Silverstein	1.5	

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and Independent Contractors

Director

Director

Director

DIRECTOR

DIRECTOR

DIRECTOR

ANGELA C VIGIL

MARIA C GONZALEZ

Gregory W Coleman

Daniel H Thompson

GEORGE W TINSLEY SR

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dir	ecto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN F HARKNESS JR	1.5	Х						0	0	0
DIRECTOR	0.0									
RET JUSTICE JAMES EC PERRY	1.5	X						0	0	0
DIRECTOR	0.0									
RAYMOND P REID JR	1.5	Х						0	0	0
DIRECTOR	0.0	**							J	
ASHLEY SYBESMA DIRECTOR	1.5	X						0	0	0
DIRECTOR	0.0									
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DIRECTOR
ASHLEY SYBESMA
DIRECTOR
HON HUGH A CARITHERS JR
DIRECTOR

MIN CHO

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

KEVIN P MCKOY

STEVEN C DUPRE'

.......

DORI FOSTER-MORALES

JOSEPH D HUDGINS

and Independent Contractors

and Independent Contractors
(A)
Name and Title

RET JUSTICE PEGGY OUINCE

DIRECTOR

DIRECTOR

DIRECTOR

MICHELLE SUSKAUER

Average hours per week (list any hours for related organizations below dotted line)
1.5
0.0
1.5
0.0
1.5

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0.0

(B)

pers	an on on is	e bo both	che x, u n an		er
Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former
X					
X					
х					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(D)

Reportable

compensation

from the

organization

(W- 2/1099-

MISC)

(E)

Reportable

compensation

from related

organizations

(W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

efil	e GR/	<u>APHIC prii</u>	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493137026931		
SCI	HED	ULE A	- Dublic (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047		
	m 99		Complete if the or	he 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.						
		the Treasury	► Go to <u>www.irs</u>	<u>.gov/Form990</u> for i	nstructions and	I the latest info		Open to Public Inspection		
Nam	e of th	he organiza ar Foundation :					Employer identific	ation number		
							59-1004604			
	rt I		for Public Charity State a private foundation because				See instructions.			
1			onvention of churches, or as	•			(Δ)(i).			
2		•	scribed in section 170(b)(. , . ,			
3			or a cooperative hospital serv		,					
4		·	esearch organization operate	_			-	nter the hospital's		
•	Ш	name, city,		ed in conjunction with	a nospital descri	bed in Section .	170(b)(1)(A)(III). L	nter the hospital's		
5		(b)(1)(A)	ation operated for the benefit (iv). (Complete Part II.)	-				bed in section 170		
6			tate, or local government or	_						
7		-	ation that normally receives a receives a receives a receive of the receives are received.		s support from a	governmental u	init or from the gener	al public described in		
8			ty trust described in section	•	(Complete Part I	I.)				
9			ural research organization de ant college of agriculture. Se					ege or university or a		
10	✓	from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross		
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	ee section 509	(a)(4).			
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a			
а		organizatio	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	appoint or elect a majo						
b		manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ation vested in the sar						
C			unctionally integrated. A s					ted with, its		
d		Type III n functionally	organization(s) (see instructi on-functionally integrated integrated. The organization s). You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the organization received or Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter			· · · · · · · · · · · ·	-		<u> </u>			
g	Provi	de the follow	ing information about the su	pported organization(т'	anization listed				
	(i) N	Name of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No				
Tota		l. B. '	tion Act Notice, see the Ir		Cat. No. 11285		 	 90 or 990-EZ) 2019		

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

P	art IIII Support Schedule fo						
	(Complete only if you the organization fails t					to qualify under	Part II. If
Se	ection A. Public Support	to quality under	ine tests listeu i	below, please col	ilipiete Part II.)		
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	(or fiscal year beginning in)	(a) 2013	(B) 2010	(0) 2017	(u) 2010	(6) 2015	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	8,415,118	9,195,259	8,565,899	14,526,535	16,066,356	56,769,16
2	Gross receipts from admissions,						
	merchandise sold or services performed, or facilities furnished in						1
	any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that						
_	are not an unrelated trade or business under section 513						1
4	 Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						ı
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						(
6	Total. Add lines 1 through 5	8,415,118	9,195,259	8,565,899	14,526,535	16,066,356	56,769,16
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						1
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the						
	greater of \$5,000 or 1% of the						
_	amount on line 13 for the year. Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						56,769,16
Se	ection B. Total Support	т т					
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	8,415,118	9,195,259	8,565,899	14,526,535	16,066,356	56,769,16
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties	142 207	404,851	480,771	517,116	478,882	2,023,92
		142,307	404,851	1		I	
	and income from similar sources	142,307	404,031				
b	and income from similar sources Unrelated business taxable income	142,307	404,031				
b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from	142,307	404,031				
	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.			100 774			
C	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.	142,307	404,851	480,771	517,116	478,882	2,023,92
	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in			480,771	517,116	478,882	2,023,92
C	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the			480,771	517,116	478,882	2,023,92
C	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain	142,307	404,851			,	
c 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital			480,771 9,118,536	517,116 7,042,790	478,882 478,882 8,323,278	2,023,92 ⁻ 28,675,82-
c 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c,	142,307	404,851			,	
c 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,979,188 11,536,613	1,212,032 10,812,142	9,118,536 18,165,206	7,042,790 22,086,441	8,323,278 24,868,516	28,675,824 87,468,918
c 11 12	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is form	142,307 2,979,188 11,536,613 for the organization	404,851 1,212,032 10,812,142 n's first, second, th	9,118,536 18,165,206 nird, fourth, or fifth	7,042,790 22,086,441 tax year as a sec	8,323,278 24,868,516 tion 501(c)(3) org.	28,675,82 87,468,91: anization,
11 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the sale of capital check this box and stop here.	2,979,188 11,536,613 for the organization	1,212,032 10,812,142 n's first, second, th	9,118,536 18,165,206 nird, fourth, or fifth	7,042,790 22,086,441 tax year as a sec	8,323,278 24,868,516 tion 501(c)(3) org.	28,675,82 87,468,91: anization,
11 12 13 14 See 15	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the same of the computation of Public Public support percentage for 2019 (letter the same of the computation of Public Public support percentage for 2019 (letter the same of the computation of Public Public support percentage for 2019 (letter the same of the computation of Public Public support percentage for 2019 (letter the computation of the computa	2,979,188 11,536,613 for the organization	1,212,032 10,812,142 n's first, second, th	9,118,536 18,165,206 nird, fourth, or fifth	7,042,790 22,086,441 tax year as a sec	8,323,278 24,868,516 tion 501(c)(3) org.	28,675,82 87,468,91: anization, ▶ □
12 13 14 Se 15 16	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the sale of the computation of Public Public support percentage for 2019 (I Public support percentage from 2018	2,979,188 11,536,613 for the organization Support Perce ine 8, column (f) d Schedule A, Part I	1,212,032 10,812,142 1's first, second, th	9,118,536 18,165,206 nird, fourth, or fifth	7,042,790 22,086,441 tax year as a sec	8,323,278 24,868,516 tion 501(c)(3) org.	28,675,82 87,468,91: anization, ▶ □
11 12 13 14 See 15 16 See See	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the sale of the sale of capital assets (Explain in Part VI.) **Cotal support**. (Add lines 9, 10c, 11, and 12.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (E	2,979,188 11,536,613 for the organization Support Perce ine 8, column (f) d Schedule A, Part I tment Income	1,212,032 10,812,142 1's first, second, the second of the	9,118,536 18,165,206 nird, fourth, or fifth	7,042,790 22,086,441 tax year as a sec	8,323,278 24,868,516 tion 501(c)(3) org.	28,675,82 87,468,91: anization, ▶ □ 64.902 % 67.937 %
12 13 14 See 15 16 See 17	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is a check this box and stop here. ection C. Computation of Public Public support percentage for 2019 (I Public support percentage from 2018) Ection D. Computation of Investing Investment income percentage for 2019.	2,979,188 11,536,613 for the organization CSupport Perce ine 8, column (f) d Schedule A, Part I tment Income 019 (line 10c, colu	1,212,032 10,812,142 1's first, second, the second of the	9,118,536 18,165,206 nird, fourth, or fifth 	7,042,790 22,086,441 tax year as a sec	8,323,278 24,868,516 tion 501(c)(3) org. 15 16	28,675,82- 87,468,91: anization, ▶ □ 64.902 % 67.937 %
11 12 13 14 See 15 16 See 17 18	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the sale of the sale of capital assets (Explain in Part VI.) **Cotal support**. (Add lines 9, 10c, 11, and 12.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (Explain in Part VI.) **Pirst five years. If the Form 990 is for the sale of capital assets (E	2,979,188 11,536,613 for the organization Support Perce ine 8, column (f) d Schedule A, Part I tment Income 019 (line 10c, colu 2018 Schedule A,	1,212,032 10,812,142 1's first, second, the second of the	9,118,536 18,165,206 nird, fourth, or fifth 	7,042,790 22,086,441 tax year as a sec	8,323,278 24,868,516 tion 501(c)(3) org. 15 16	28,675,82- 87,468,91: anization, ▶ □ 64.902 % 67.937 % 2.314 % 2.418 %
11 12 13 14 See 15 16 See 17 18 19a	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the same of the public support percentage for 2019 (I Public support percentage from 2018 ection C. Computation of Inves Investment income percentage from 331/3% support tests—2019. If the more than 33 1/3%, check this box and	2,979,188 11,536,613 for the organization Schedule A, Part I tment Income 19 (line 10c, colu 2018 Schedule A, e organization did in stop here. The o	1,212,032 10,812,142 1's first, second, the second of the	9,118,536 18,165,206 nird, fourth, or fifth	7,042,790 22,086,441 tax year as a sec	8,323,278 24,868,516 tion 501(c)(3) org.	28,675,824 87,468,914 anization, 64,902 % 67,937 % 2,314 % 2,418 % 17 is not
11 12 13 14 See 15 16 See 17 18 19a	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is f check this box and stop here. Public support percentage for 2019 (I Public support percentage from 2018 Ection D. Computation of Inves Investment income percentage from 331/3% support tests—2019. If the	2,979,188 11,536,613 for the organization Schedule A, Part I tment Income 19 (line 10c, colu 2018 Schedule A, e organization did in stop here. The o	1,212,032 10,812,142 1's first, second, the second of the	9,118,536 18,165,206 nird, fourth, or fifth	7,042,790 22,086,441 tax year as a sec	8,323,278 24,868,516 tion 501(c)(3) org.	28,675,824 87,468,914 anization, 64,902 % 67,937 % 2,314 % 2,418 % 17 is not
11 12 13 14 See 15 16 See 17 18 19a	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for the same of the public support percentage for 2019 (I Public support percentage from 2018 ection C. Computation of Inves Investment income percentage from 331/3% support tests—2019. If the more than 33 1/3%, check this box and	2,979,188 11,536,613 for the organization Support Perce ine 8, column (f) d Schedule A, Part I tment Income 19 (line 10c, colu 2018 Schedule A, e organization did in distop here. The o he organization did ox and stop here.	1,212,032 10,812,142 1's first, second, the sentage ivided by line 13, II, line 15	9,118,536 18,165,206 nird, fourth, or fifth	7,042,790 22,086,441 tax year as a sec. 1 is more than poported organization of the second organization organiz	8,323,278 24,868,516 tion 501(c)(3) org	28,675,820 87,468,910 anization, ► □ 64.902 % 67.937 % 2.314 % 2.418 % 17 is not ► ✓ 6 and line 18 is

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

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

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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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

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.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) 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. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	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		
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	-		
2	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	2		
	organization.			
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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations			
_			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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a 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.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of 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 engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	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.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	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)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	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):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9	Distributable amount for 2019 from Section C, line 6	

_6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions			
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019

7 Total annual distributions. Add lines 1 through 6.				
o∨ide				
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019			
derdistributions	Distributable			
0	vide			

8 Distributions to attentive supported organizations to widetails in Part VI). See instructions			
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015.

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: Software Version:

EIN: 59-1004604

Name: The Florida Bar Foundation Inc

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

instructions).

Facts And Circumstances Test

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

DLN: 93493137026931

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** The Florida Bar Foundation Inc 59-1004604 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No Was a correction made? 4a ☐ No ☐ Yes If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

fund or a political action committe	e (PAC). If additional space is needed, p	provide informatio	on in Part IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-EZ.	. Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

PART II-B, LINE 1, LOBBYING

ACTIVITIES:

Sche	dule C (Form 990 or 990-EZ) 2019				Р	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file Form 5768 (election under section 501(h)).	led				
For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a)		(b)	
activ		Yes	No	,	Amoui	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?	Yes				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		1		
С	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No	1		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		1		0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	 		
i	Other activities?		No			
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					—
Pai	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), o	r sect	ion	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		Г	1	163	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		H			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		H	3		
_	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			_	501/6	.)(6)
Fe	and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				JU1(C	.,(0)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section $162(e)$ dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
	••	.		_		
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); tructions), and Part II-B, line 1. Also, complete this part for any additional information.	Part II-	-A, lines	1 ar	id 2 (se	эe
	Return Reference Explanation					

Lobbying activities were in Congress to secure/increase funding for the Legal Services Corporation.

SCHEDULE D

DLN: 93493137026931

OMB No. 1545-0047

Supplemental Financial Statements

(Form 990)

(Form 990)			.	• •	e organization ar					20	019
			Part IV,	line 6, 7, 8,	, 9, 10, 11a, 11b,	11c, 11d,	11e, 11f, 12a,	or 12b.			
	rtment of the Treasury		► Go to w	vw.irs.gov/F	► Attach to Fo Form990 for instr		nd the latest inf	formation	on.		n to Public spection
	me of the organ							Em	ployer ider	ntification	number
The	e Florida Bar Foundati	tion Inc						59-	1004604		
Pa					dvised Funds o			or Ac	counts.		
	Comple	ete if the	organizatio	n answered	"Yes" on Form 9	990, Part : Donor advi:			(h) Funds	and other	accounts
1	Total number at	end of ye	ar		(4)	DONO! GGVI.	sea ranas		(b) runus	and other	accounts
2	Aggregate value	of contrib	outions to (du	ıring year)							
3	Aggregate value	of grants	from (during	year)							
4	Aggregate value	at end of	year								
5					dvisors in writing the				funds are tl		Yes 🗌 No
6	charitable purpo	oses and i	not for the be	nefit of the do	nd donor advisors in onor or donor advis	sor, or for	any other purpos			_	Yes 🗌 No
Pa			Easements		W		T) (): =				
_					"Yes" on Form 9						
1				•	organization (check eation or education)		Preservation of a	an histor	rically impact	rtant land r	
			•	se (e.g., recre	eaction of education,	, <u> </u>			, ,		area
	☐ Protection					Ц	Preservation of	a certifie	a nistoric s	tructure	
_	☐ Preservation	· ·									
2	Complete lines 2 easement on the				eld a qualified conse	ervation co	ntribution in the	form of a			of the Year
а	Total number of	conserva	tion easemer	nts				2a			
b	_		•					2b			
С					storic structure inc	,	•	2c			
d	Number of conse structure listed i			` ,	acquired after 7/25	/06, and n	ot on a historic	2d			
3	Number of const tax year ►	servation (easements m	odified, transf	ferred, released, ex	xtinguished	l, or terminated b	y the or	ganization o	during the	
4	Number of state	es where	property subj	ect to conserv	vation easement is	located ▶					
5	Does the organi	ization ha	ve a written p	policy regardir	ng the periodic mo	- nitoring, in		g of viol		☐ Yes	П.,
6	Staff and volunt	teer hours	s devoted to r	monitoring, in	nspecting, handling	of violation	ns, and enforcing	conserv			□ No ng the year
	·					-1-12					
7	Amount of expe ► \$	enses incu	irred in monit	oring, inspect	ting, handling of vi	olations, ar	nd enforcing cons	ervation	easements	during the	e year
8					2(d) above satisfy			170(h)((4)(B)(i)	☐ Yes	□ No
9		and includ	le, if applicab	le, the text of	conservation easer f the footnote to th ments.						
Pai					ons of Art, Hist			ther Si	milar Ass	ets.	
1 a					"Yes" on Form 9 S 116 (ASC 958), I			stateme	nt and halar	nce sheet w	vorks of
1a	art, historical tre	easures,	or other simil	ar assets held	for public exhibitions of the first	on, educati	ion, or research i	n further			
b		ures, or ot	her similar as	ssets held for	S 116 (ASC 958), to public exhibition, e						
	-		-						▶ \$		
2	If the organizati	ion receiv	ed or held wo	orks of art, his	storical treasures, (FAS 116 (ASC 958)	or other sir	milar assets for fi				
а						_			. > \$		
b											

d Equipment .

Sche	dule D (Form 990) 2019							Page 2
Par	t IIII Organizations Mai	intaining Collections o	of Art, Histor	ical Treas	ures, or Other	Similar Assets	(continued)	
3	Using the organization's acqui items (check all that apply):	isition, accession, and other	records, check	any of the f	ollowing that are	a significant use of it	ts collection	
а	Public exhibition		d	☐ Loa	n or exchange pro	grams		
b	Scholarly research		е	Oth	er			
С	Preservation for future	generations						
4	Provide a description of the or Part XIII.	ganization's collections and	l explain how th	ney further tl	ne organization's e	exempt purpose in		
5	During the year, did the orgar assets to be sold to raise fund						es 🗆 N	lo
Pai		dial Arrangements. anization answered "Yes	" on Form 99	0, Part IV,	line 9, or report	ed an amount on	Form 990,	Part
1 a	Is the organization an agent, included on Form 990, Part X						es 🗹 N	lo
b	If "Yes," explain the arrangem	nent in Part XIII and comple	ete the following	n table:		Amount	<u> </u>	_
c	Beginning balance	'	•	•	1c	Amount	-	_
d	Additions during the year				4.1			_
е	Distributions during the year .							_
f	Ending balance				45			
2 a	Did the organization include a	n amount on Form 990. Par	rt X. line 21. for	r escrow or c	ustodial account l	iability? 🗸 🗸	es 🗆 N	— Io
b	If "Yes," explain the arrangem					·	cs 🗀 i	10
	rt V Endowment Funds		e ii die explaila	tion has bee	ii provided iii Fart	АШ Ш		
		anization answered "Yes	" on Form 99	0, Part IV,	line 10.			
		(a) Currer		Prior year		(d) Three years back	 	
1a	Beginning of year balance .		,057,631	4,829,651	4,551,32			.177,224
b	Contributions		31,452	31,337	12,86			101,772
С	Net investment earnings, gains	, and losses	-106,018	196,643	265,46	5 462,587	-	165,561
d	Grants or scholarships					195,285		
	Other expenditures for facilities and programs	3				2,000,000	1,	.850,000
f	Administrative expenses					19,096		24,057
g	End of year balance	4	,983,065	5,057,631	4,829,65	4,551,322	6,	.239,378
2	Provide the estimated percent	age of the current year end	d balance (line 1	lg, column (a)) held as:			
а	Board designated or quasi-end	dowment ► 50.410 %						
b	Permanent endowment >	49.590 %						
c	Temporarily restricted endowr	ment >						
	The percentages on lines 2a, 2	2b, and 2c should equal 100	0%.					
3a	Are there endowment funds n organization by:	ot in the possession of the	organization tha	at are held a	nd administered f	or the	Yes	No
	(i) unrelated organizations .					<u> </u>	Ba(i)	No
	(ii) related organizations .					3	a(ii) Yes	
b ₄	If "Yes" on 3a(ii), are the rela	=	•				3b Yes	
4	Describe in Part XIII the inten		n's endowment	Tunus.				
261	rt VI Land, Buildings, a	nd Equipment. anization answered "Yes	" on Form 99	0. Part IV.	line 11a. See Fo	orm 990. Part X. li	ne 10.	
	Description of property	(a) Cost or other basis (investment)	(b) Cost or othe				(d) Book valu	ie
12	Land				+			
	Buildings				+			
	Leasehold improvements			37.80	,	37 802		

217,304

938,308

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

50,202

49,904

100,106

167,102

888,404

Complete if the organization answered "Yes" on Form 990, (a) Description of security or category	(b)	ne 11b	(c) Metho	d of valuation:
(including name of security)	Book value		Cost or end-or-	-year market value
Financial derivatives				
Closely-held equity interests				
Other				
ral. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>			
rt VIII Investments—Program Related.	D==+ T) / 1:	11.	. Can Faura 000	Dowl V. Line 12
Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, II	ne 110	(b) Book value	(c) Method of valuation:
(a) beserption of investment			(b) book value	Cost or end-of-year market value
al. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•		
Other Assets. Complete if the organization answered 'Yes' on Form 990, F (a) Description	Part IV, lir	ne 11d.	. See Form 990, Par	t X, line 15. (b) Book value
(a) Description				(b) Book value
				-
tal. (Column (b) must equal Form 990, Part X, col.(B) line 15.) Part X Other Liabilities.				•
Complete if the organization answered 'Yes' on Form 990, F	Part IV, lir	ne 11e	or 11f.See Form	
(a) Description of liability				(b) Book value
Federal income taxes				0
CAPITAL LEASE OBLIGATION				29,125
0)				
al. (Column (b) must equal Form 990, Part X, col.(B) line 25.)				29,125
Liability for uncertain tax positions. In Part XIII, provide the text of the footnot	te to the o	rganizat	ion's financial state	ments that reports the organiza

Schedule D (Form 990) 2019

Page 4

	Complete if the organi	ization answered "Yes" on Form 990, Part	. IV, I	ine 12a.		_
1	Total revenue, gains, and other s	upport per audited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) $\ .$		2d			
е	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII.) .		4b			
C	Add lines 4a and 4b				4c	
5	Total revenue. Add lines 3 and 4	c. (This must equal Form 990, Part I, line 12.)			5	
Par		penses per Audited Financial Statem ization answered 'Yes' on Form 990, Part			Return	1.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
е	Add lines 2a through 2d		•		2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
С	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	4c. (This must equal Form 990, Part I, line 18.) .		5	
Pai	t XIII Supplemental Info	ormation				
Pro	vide the descriptions required for P lines 2d and 4b; and Part XII, lines	art II, lines 3, 5, and 9; Part III, lines 1a and 4 s 2d and 4b. Also complete this part to provide	4; Par any a	t IV, lines 1b and 2b; Par additional information.	t V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					
		 				

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version: EIN: 59-1004604

Name: The Florida Bar Foundation Inc

Supplemental Information

Cappionicital Information	
Return Reference	Explanation
	THE AMOUNT ON LINE 21 OF PART X OF FORM 990 IS THE LIABILITY FOR PAYMENTS TO ANNUITANTS UN DER CHARITABLE GIFT ANNUITIES. THE RELATED RESTRICTED CASH ACCOUNT IS INCLUDED IN THE AMOUNTS ON LINE 15 OF PART X OF FORM 990.

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4:	PERMANENT, QUASI-ENDOWMENT AND TERM ENDOWMENT FUNDS ARE HELD BY THE FLORIDA BAR FOUNDATION ENDOWMENT TRUST. INVESTMENT INCOME DERIVED FROM PERMANENT ENDOWMENT FUNDS AS WELL AS QUAS I-ENDOWMENT AND TERM ENDOWMENT PRINCIPAL AND INVESTMENT INCOME FUNDS SUPPORT THE FLORIDA B AR FOUNDATION, INC. (SUPPORTED ORGANIZATION) TO CARRY ON ITS EXEMPT PURPOSES.

Supplemental Information

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	MANAGEMENT CONTINUALLY ANALYZES THE FOUNDATION'S VARIOUS FEDERAL AND STATE FILING POSITION S AND BELIEVES THAT ITS INCOME TAX FILING POSITIONS AND EXEMPTION STATUS ARE WELL DOCUMENT ED AND SUPPORTED. ADDITIONALLY, MANAGEMENT BELEIVES THAT NO ACCRUALS FOR TAX LIABILITIES R ELATED TO UNCERTAIN INCOME TAX POSITIONS ARE REQUIRED. THEREFORE, NO RESERVES FOR UNCERTAI N INCOME TAX POSITIONS HAVE BEEN RECORDED BY THE FOUNDATION AT JUNE 30, 2020. THERE HAVE B EEN NO UNRECOGNIZED TAX BENEFITS SINCE THE DATE OF ADOPTION. FURTHER, NO INTEREST OR PENAL TIES HAVE BEEN INCLUDED SINCE NO RESERVES WERE RECORDED AND NO SIGNIFICANT INCREASES OR DE CREASES ARE EXPECTED TO OCCUR WITHIN THE NEXT 12 MONTHS. WHEN APPLICABLE, SUCH INTEREST AN D PENALTIES WILL BE REPORTED AS A COMPONENT OF MANAGEMENT AND GENERAL EXPENSES. THE PERIOD S THAT REMAIN OPEN TO EXAMINATION UNDER FEDERAL STATUE GENERALLY REMAIN OPEN FOR THREE YEARS FROM THE DATE OF FILING.

Supplemental Information

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I **Grants and Other Assistance to Organizations,** (Form 990)

Department of the

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.

OMB No. 1545-0047

DLN: 93493137026931

Open to Public

reasury nternal Revenue Service		► Go to <u>ww</u>	<u>/w.irs.gov/Form990</u> for	the latest information	on.		Inspection
lame of the organization	_					Employer ident	ification number
he Florida Bar Foundatio	on Inc					59-1004604	
Part I General I	Information on Grants	and Assistance					
the selection criter	ion maintain records to sub ia used to award the grants	or assistance?			for the grants or assistance	ce, and	☑ Yes 🗆 N
_	the organization's procedu						
	Other Assistance to Dor d more than \$5,000. Part I			ents. Complete if the o	rganization answered "Yes'	on Form 990, Part IV, Ii	ne 21, for any recipient
(a) Name and addres organization or government	ss of (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
[11)							
(12)							
	of section 501(c)(3) and g	-					31
	of other organizations liste						0
or Paperwork Reduction /	Act Notice, see the Instruction	ons for Form 990.		Cat. No. 5005!	۲۰	5	Schedule I (Form 990) 2019

Page 2

Schedule I (Form 990) 2019

Schedule I (Form 990) 2019

PART II, COLUMN H:

Loan Repayment Program / Loan Repayment Forgivenes	1/3	367,388		
(2) Equal Justice Works Program Class of 2018- 20	4	218,000		
(3) Equal Justice Works Program Class of 2019- 21	4	198,557		

(3) (4) (5) (6)

(7) 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

a fiscal report on expenditure of grant funds.

OF JUSTICE LSA - LAW STUDENT ASSISTANCE

Each Foundation grantee, within a specified time following the end of the grant period, is required to submit on forms provided by the Foundation a narrative report and PART I, LINE 2:

THE PURPOSE OF THE FOUNDATION'S GRANTS OR ASSISTANCE CAN BE IDENTIFIED AS FOLLOWS: LAP - LEGAL ASSISTANCE FOR THE POOR AOJ - ADMINISTRATION

Additional Data

6355 NW 36TH ST Miami, FL 33136

Tampa, FL 33605

Bay Area Legal Services Inc

1302 North 19th Street Suite

Software ID: Software Version:

59-1171886

EIN: 59-1004604

Name: The Florida Bar Foundation Inc

277,158

(a) Name and address or organization or government	(p) EIN	if applicable	(d) Amount of cash grant	cash assistance	(f) Method of Valuation (book, FMV, appraisal, other)	no
Americans for Immigrant Justice Inc	65-0610872	501(c)(3)	245,325			

(g) Description of non-cash assistance (h) Purpose of grant or assistance

LAP / LSA

LAP

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

501(c)(3)

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) Brevard County Legal Aid Inc 59-1301750 501(c)(3) 260.000 LAP 1038 Harvin Way Suite 100 Rockledge, FL 32955 CATHOLIC CHARITIES LEGAL 65-0804650 501(c)(3) 164.178 LAP/LSA

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

SVCS ARCHDIOESE OF MIAMI 28 WEST FLAGLER STREET

10TH FLOOR MIAMI, FL 33130

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) COMMUNITY JUSTICE PROJECT 47-2777185 501(c)(3) 165.750 llap INC 3000 BISCAYNE BLVD SUITE

106
Miami, FL 33137

COMMUNITY LAW PROGRAM 59-2970727 501 (C)(3) 205,082
INC
501 FIRST AVENUE NORTH
SUITE 519

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

ST PETERBURG, FL 33701

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 59-1156260 501(c)(3) 83.500l llap COMMUNITY LEGAL SERVICES OF MID-FLORIDA INC 122 F COLONIAL DR STF 200 26-0221044 501(c)(3) 382.600 llap

ORLANDO, FL 32801

CUBAN AMERICAN BAR 26-0221044 501(c)(3) 382,600

ASSOCIATION PRO BONO PROJECT IN 2400 SOUTH DIXIE HIGHWAY 2ND FL

MIAMI, FL 33133

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) DADE LEGAL AID 59-6000573 DADE COUNTY, FL 285.000 LAP 122 NIM 1CT AVENUE 2DD

FLOOR MIAMI, FL 33128					
FLORIDA JUSTICE INSTITUTE INC 3750 MIAMI TOWER 100 SE	59-1878598	501(3)(C)	300,000		LAP

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

MIAMI, FL 33131

SECOND ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) florida legal services inc 59-1436126 501(c)(3) 1.277.228 lap/Isa 14260 west newberry rd 412 newberry, FL 32669 FLORIDA STATE UNIVERSITY 59-1961248 STATE OF FLA 193.082 LAP/LSA COLLEGE OF LAW 874 TRADITIONS WAY

SSB 3RD FLOOR TALLAHASSEE, FL 32306

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other) FLORIDA'S CHILDREN FIRST 52-2372998 501(c)(3) 250.000 ILAP/AOJ

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

INC

501 1ST AVE N STE 420 ST PETERSBURG, FL 33701

GULFCOAST LEGAL SERVICES	59-1882749	501(c)(3)	376,214		LAP
INC 1401 N UNIVERSITY DR STE 408 CORAL SPRINGS, FL 33071					

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) HEART OF FLORIDA LEGAL AID I 59-6215748 501(c)(3) 132.600 LAP SOCIETY INC 550 F DAVIDSON STREET

LAP

230.000

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

501(c)(3)

BARTOW, FL 33830

IDIGNITY
424 EAST CENTRAL BLVD

SUITE 199 ORLANDO, FL 32801 01-9214490

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 20-0210812 501(c)(3) 298.913 laoj INNOCENCE PROJECT OF FLORIDA INC

1100 F PARK AVE TALLAHASSEE, FL 32301 JACKSONVILLE AREA LEGAL 59-0696291 501(c)(3) 1.107.392 LAP AID INC

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

126 WEST ADAMS ST JACKSONVILLE, FL 32202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) 06-1412355 501(c)(3) 65.000l LAP LAWYERS FOR CHILDREN AMERICA INC

C/O HOLLAND KNIGHT LLP 701 BRICKELL AVE STE 3300 MIAMI, FL 33131					
Legal Aid FOUNDATION OF THE	59-2355881	501(c)(3)	73,456		LAP

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

301 S MONROE ST STE 108 TALLAHASSEE, FL 32302

TALLAHASSEE BAR ASSOC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government LEGAL AID OF MANASOTA INC 65-0265426 501(c)(3) 77.840 LAP

1900 MAIN ST STE 302 SARASOTA, FL 34236			·		
Legal AID ServicE OF BROWARD COUNTY INC	59-1547191	501(c)(3)	663,338		LAP/AOJ/LSA

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

491 N STATE RD 7 441

PLANTATION, FL 33317

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance or assistance organization if applicable grant cash or government assistance other) LEGAL AID SOCIETY OF PALM 59-6046994 501(c)(3) 306.250 LAP BEACH COUNTY INC 59-1208322 501(c)(3) 228.714 LAP

423 FERN STREET STE 200 WEST PALM BEACH, FL 33401 LEGAL AID SOCIETY OF THE ORANGE COUNTY BAR ASSOC

100 EAST ROBINSON ST ORLANDO, FL 32801

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 59-1227481 501(c)(3) 964.299 LAP LEGAL SERVICES OF GREATER MIAMI INC

4343 W FLAGLER ST STE 100 MIAMI, FL 33134 LEGAL SERVICES OF NORTH 59-0197090 501(c)(3) 447.019 LAP/LSA FLORIDA INC

2119 DELTA BLVD TALLAHASSEE, FL 32303

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 59-1817996 501(c)(3) 49.725 llap NORTHWEST FLORIDA LEGAL SERVICES INC 226 SOUTH PALATOX PLACE SEVILLE TOWER 10TH FLOOR PENSACOLA, FL 32502 501(c)(3) 168,792 SEMINOLE COUNTY BAR 59-1591554 ILAP ASSOC LEGAL AID SOCIETY

INC

101 WEST PALMETTO AVE LONGWOOD, FL 32750

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 59-1726382 501(c)(3) 910.758 LAP/LSA SOUTHERN LEGAL COUNSEL INC 1229 NW 12TH AVE GAINESVILLE, FL 32601

THREE RIVERS LEGAL 59-1797499 501(c)(3) 270.495 LAP SERVICES INC

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

1000 NE 16TH ABE BLDG I GAINESVILLE, FL 32601

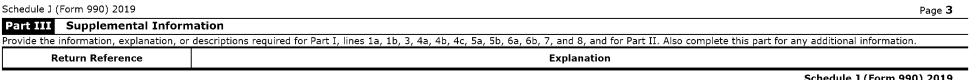
Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government 501(C)(3) 25.000l LEE COUNTY LEGAL AID 59-1163686 SOCIETY INC 2040 VIRGINIA AVE

FORT MYERS, FL 33901

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	37026	931
Sch	edule J	Co	ompensati	ion Information	OI	ИВ No.	1545-0	0047
(For	n 990)	For certain Office		rustees, Key Employees, and Higl	hest			
		► Complete if the org	Compensa anization answ	ited Employees ered "Yes" on Form 990, Part IV,	line 23.	20)
D			▶ Attach	to Form 990. instructions and the latest inform) Dpen i		
•	tment of the Treasury al Revenue Service	V GO to <u>www.ns.go</u>	<u>v/101111990</u> 101	mistractions and the latest miori	lation.		ectio	
	m <mark>e of the organiza</mark> Florida Bar Foundat				Employer identifica	tion nu	ımber	
					59-1004604			
Pa	rt I Questi	ons Regarding Compensa	tion					
1 a				the following to or for a person listed y relevant information regarding thes			Yes	No
		,		,				
		or charter travel companions	H	Housing allowance or residence for p Payments for business use of persor				
	_	nification and gross-up payment	s \Box	Health or social club dues or initiation				
		ary spending account		Personal services (e.g., maid, chauf	feur, chef)			
	T66 +1 1	1 : 4		£-11				
b				follow a written policy regarding payr ve? If "No," complete Part III to expla		1b		
2				or allowing expenses incurred by all	- 1-2	2		
	airectors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Lin	ela?			
3				d to establish the compensation of the thick that the check any boxes for methods	ie			
				CEO/Executive Director, but explain in	n Part III.			
	Compens	ation committee	\checkmark	Written employment contract				
		ent compensation consultant	\checkmark	Compensation survey or study				
	☐ Form 990	of other organizations	\checkmark	Approval by the board or compensat	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a		No
b	Participate in, o	r receive payment from, a suppl	emental nonquali	ified retirement plan?		4b		No
С				nsation arrangement?		4c		No
	ir res to any c	or lines 4a-c, list the persons and	a provide the app	nicable amounts for each item in Part	111.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Sectio ontingent on the revenues of:		the organization pay or accrue any				
а		1?				5a		No
b		anization?				5b		No
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	-	1?				6a		No
b						6b		No
7	•	6a or 6b, describe in Part III.	n A line to did i	the organization provide any nonfixed	4			
,				rt III		7		No
8	subject to the in	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	8		No
For F		iction Act Notice, see the Ins			 0053T Schedule J	(Form	1 990)	2019

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

		ctors, Trustees, Key				•	·	
For each individual whose instructions, on row (ii). D Note. The sum of columns	o no	t list any individuals that	are not listed on Form 9	90, Part VII.		_		t individual.
(A) Name and Title	•	(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & incentive (iii) Other compensation reportable			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior
			,	compensation				Form 990
1 Dominic C MacKenzie CEO / EXECUTIVE DIRECTOR	(i)	184,536		581		9,788	194,905	
	(ii)							
2 Lou Ann Powell CFO/TREASURER/SECRETARY	7:3	160,140		1,188		36,282	197,610	
	(ii)							



efile GRAPH	IC print - DO NOT PROCESS	DLN: 93493137026931
SCHEDUL (Form 990 or EZ)	Complete to provide information for responses to specific que Form 990 or 990-EZ or to provide any additional information Attach to Form 990 or 990-EZ.	estions on ation. 2019 Open to Public
Namel Betherorg The Florida Bar Fou 990 Schedule		Employer identification number 59-1004604
Return Reference	Explanation	
FORM 990, PART III, LINE 4D:	In 2019-20, approved grant awards included 6 Summer Fellowships which provide law an opportunity to work with and help legal aid organizations provide direct legal assistance to clients to solve their legal needs. These students, who come from unique and die backgrounds, gain invaluable legal skills while also being introduced to poverty law is ues and the barriers indigent people often experience when seeking access to courts. dition, the Foundation approved bridge funding for The Florida State University law screivil legal clinic providing opportunities for close to 24-30 law students to earn law school credit while providing assistance to veterans with COVID-19 related legal issues as landlord/tenant and mortgage foreclosures. (SEE ATTACHMENT 4)	a ivers ss In ad nool

990 Schedule O, Supplemental Information

Return Explanation

Reference

FORM 990,	FORM 990 FOR THE FOUNDATION'S FISCAL YEAR ENDED JUNE 30, 2020 WAS SENT BY E-MAIL TO THE FO
PART VI,	UNDATION'S CURRENT NON-EXECUTIVE OFFICERS AND BEFORE THE FILING OF THIS DOCUMENT. NON-EXEC
SECTION B,	UTIVE OFFICERS AND DIRECTORS WERE REQUESTED TO ACKNOWLEDGE RECEIPT OF THE FORM 990 AND INV
LINE 11:	TITED TO CONTACT THE CFO WITH ANY QUESTIONS OR CONCERNS. THEY WERE ALSO TOLD THAT IF ADDITI
	ONAL QUESTIONS OR INFORMATION REVEALED A NEED TO AMEND, THIS DOCUMENT WOULD BE AMENDED ACC
	ORDINGLY.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C:	THE CONFLICT OF INTEREST POLICY IS PROVIDED WITH EACH WRITTEN BOARD OF DIRECTOR'S AGENDA A ND A COPY INCLUDED WITH THE WRITTEN MATERIALS FOR ALL COMMITTEE AND BOARD MEETINGS. THE RE QUIREMENTS OF THE POLICY ARE REFERENCED BY THE PRESIDING OFFICER OF EACH COMMITTEE AND BOA RD MEETING. ALL PARTICIPATING MEMBERS ARE THEN ASKED TO DECLARE ALL REAL OR POTENTIAL CONFLICTS OF INTEREST AND REQUESTS FOR RECUSAL ON ALL ACTION ITEMS TO BE TAKEN UP. RECUSALS AN D ABSTENTIONS ON ALL VOTES ON ACTION ITEMS ARE RECORDED IN THE MINUTES OF THE MEETING IN W HICH SUCH VOTE(S)IS/ARE TAKEN. IN ADDITION, OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQ UESTED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST IN CONJUNCTION WITH THE P RESENTATION OF THE FOUNDATION'S ANNUAL FORM 990 VIA A QUESTIONNAIRE REVIEWED BY MANAGEMENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15:	COMPENSATION FOR THE CEO/EXECUTIVE DIRECTOR IS BASED ON COMPARABLE DATA FROM THE COUNCIL O N FOUNDATIONS FOR THE SOUTHEAST UNITED STATES AND BY A SURVEY OF CEOS/EXECUTIVE DIRECTORS OF SIMILAR ORGANIZATIONS (IOLTA ANNUAL SALARY SURVEY). COMPENSATION IS REVIEWED ANNUALLY B Y A COMMITTEE SET BY THE FOUNDATION'S PRESIDENT AND ALSO THE BUDGET AND FINANCE COMMITTEE AS PART OF THE ANNUAL BUDGET PROCESS. COMPENSATION FOR OTHER EXECUTIVE OFFICERS (TREASURER /CFO AND SECRETARY) IS SET ANNUALLY BY THE CEO/EXECUTIVE DIRECTOR. SUCH COMPENSATION IS RE VIEWED ANNUALLY BY THE BUDGET AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR INCLUSION IN THE COMING YEAR'S OPERATING BUDGET.

Return Explanation
Reference

FORM 990, THE AUDITED FINANCIAL STATEMENTS AND IRS FORM 990 ARE AVAILABLE ON THE FOUNDATION'S WEBSIT E. ALL OTHER GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE, WITHOU SECTION C, LINE 19:

Return Explanation
Reference

FORM 990,	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT: -1,024
PART XI,	
LINE 9,	
CHANGES	
IN NET	
ASSETS:	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

DLN: 93493137026931

Open to Public Inspection

Employer identification number

Name of the organization The Florida Bar Foundation Inc								loyer identi 004604	fication r	number		
Part I Identification of Disregarded Entities. Complete if t	the organi	zation answ	ered "Yes	s" on Form	n 990, Part	IV, line 3						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total inc	ome End-of-year a) ar assets Dire		(f) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizations related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization		Complete if the org (b) Primary activity		answered c) icile (state n country)	(d) Exempt Code section				(f) Direct controlling		Section (13) co	
(1)The FL Bar Foundation Endowment Trust 875 Concourse Pkwy S STE 195 Maitland, FL 32751	SEE PART VII		FL		501(c)(3)		12 TYPE 1		FL BAR FOUND		Yes Yes	No
59-6972443												
											-	
For Paperwork Reduction Act Notice, see the Instructions for Form 99	90.		Ca	t. No. 5013	35Y				Sched	ule R (Form	990) 2	019

Part III Identification of Related Organization one or more related organizations treated	ons Taxable as a P ed as a partnership o	artnership. during the ta	Comple x year.	te if the or	ganization	answered "	Yes" on Forr	n 990,	Part I	V, line 34,	becau	ıse it h	ad
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predomina income(rela unrelated excluded freax unde sections 5:	ated, total incor d, rom er	f Share of end-of-year assets	ar allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr	alor Pe	(k) ercentage wnership
					514)			Yes	No		Yes	No	
Part IV Identification of Related Organization because it had one or more related organizations.	ons Taxable as a C anizations treated as	orporation a corporatio	or Trus n or tru	t. Complet st during t	e if the org he tax year	janization ar 	nswered "Ye	s" on F	orm 9	90, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(b) Primary activity	Le don (state d	c) egal nicile or foreign ntry)	Direc		(e) Type of entity C corp, S corp, or trust)	(f) Share of total income		(g) of end- year assets	of- Percer owne	ntage	(13)	(i) lon 512(b) controlled entity?
			,,									16	S NO
				-						Calcadada D	/ E	- 000)	2010

Schedule R (Form 990) 2019		Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
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
	1f		No
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1 g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
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
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
n Reimbursement paid to related organization(s) for expenses	1p		No

j Lease of facilities, equipment, of other assess to foliated disguilled life, i.e.,				++-	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)				1l Yes	
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Yes	
o Sharing of paid employees with related organization(s)				1o Yes	
p Reimbursement paid to related organization(s) for expenses				1p	No
q Reimbursement paid by related organization(s) for expenses				1 q	No
r Other transfer of cash or property to related organization(s)				1r Yes	_
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 complete this lii	ne, including covered r	relationships and tra	ansaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	iount involved	b
(1)The Florida Bar Foundation Endowment Trust	R	37,763	CASH		
(2)The Florida Bar Foundation Endowment Trust	H _B	8 800	CASH		

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.

(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)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Form 990) 2019 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. (see instructions). Return Reference Explanation FORM 990, SCH R, PART II, COLUMN TO PROVIDE SUPPORT TO THE FLORIDA BAR FOUNDATION TO CARRY ON ITS EXEMPT PURPOSE OF PROVIDING GREATER ACCESS TO THE JUSTICE SYSTEM.