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Return of Organization Exempt From Income Tax

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

Open to Public

OMB No 1545-0047

Department of the Treasury

		enue Service Ine organization may have to use a copy of this return to satisfy state	<u> </u>	Inspection
A F	or th	te 2008 calendar year, or tax year beginning 07/01, 2008, and ending		/30,2009
Всы		Please C Name of organization LAWYERS TRUST FUND OF ILLINOIS	D Employer identific	cation number
	Addre	label or Loing Business As	36-321313	•
L	Name	change print or type. Number and street (or P O box if mail is not delivered to street address) Room/su	ite E Telephone numbe	r
	Initial	return See TWO PRUDENTIAL PLAZA 820	(312) 372-	5906
	Term	Specific Instruc- City or town, state or country, and ZIP + 4		
	Amer	tions. CHICAGO II 60601	G Gross receipts \$	9,854,624
		F Name and address of principal officer.	H(a) Is this a group retu	
			affiliates? H(b) Are all affiliates inc	cluded? Yes X N
1 1	ах-ех	rempt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a lis	t (see instructions)
JV	Vebsi	te: ▶ WWW.LTF.ORG	H(c) Group exemption n	number >
			mation 1983 M State	of legal domicile II
Par	ŧΠ	Summary		
	1	Briefly describe the organization's mission or most significant activities		
	•	TO PROVIDE GRANT FUNDS TO NOT-FOR-PROFIT ORGANIZATIONS PR		
윌		ASSISTANCE TO THE POOR THROUGHOUT ILLINOIS.	.01101101101	
Ē		10010111101110111111111111111111111111		
Governance	2	Check this box If the organization discontinued its operations or disposed of more than 2	25% of its assets	
Ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		9
Activities &	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
ξ	5			<u></u>
ŧ	6			/
۲	70	Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
		·	· · · · · · · · · · · · · · · · · · ·	
-	D	Net unrelated business taxable income from Form 990-T, line 34 . RECEIVED	Prior Year	Current Year
			Filol Teal	
흵	8	Contribution and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) FEB: 1 6: 2010		NON
Revenue	9		19,735,078.	8,935,295
	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,726,279.	919,329
- 1	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 1@GDEN, UT		NON
\rightarrow	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,461,357.	9,854,624
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,965,885.	8,193,685
-	14	Benefits paid to or for members (Part IX, column (A), line 4)		NON
3 8 I	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	618,329.	695,337
Expense		Professional fundraising fees (Part IX, column (A), line 11e)		NON
, 옸		Total fundraising expenses, Part IX, column (D), line 25) ▶		
[]		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	276,066.	282,718
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	13,860,280.	9,171,740
- 1	19	Revenue less expenses Subtract line 18 from line 12	7,601,077.	682,884
Net Assets or und Balances			Beginning of Year	End of Year
alar	20	Total assets (Part X, line 16)	24,068,001.	18,166,220
₹ <u>₽</u>	21	Total liabilities (Part X, line 26)	13,353,152.	8,298,019
훈	22_	Net assets or fund balances Subtract line 21 from line 20	10,714,849.	9,868,201
Par	t II	Signature Block		
Si	gn ere	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all Signature of officer	information of which pre	
		Type or print name and title		
		Preparer's Check colf		s identifying number
Paid		Preparer's signature \ \Lever \le	(see instru	uctions)
Prepa		Firm's name (or yours N OCTPOW DETCTN REPK C ARRANG T.TD		00079652 6-2039874
Use C	Only	if self-employed) OSTROW REISIN BERK & ABRAMS, HID.		6-2938874
May	the I	address, and ZIP+4 455 N CITYFRONT PLAZA DR, STE 2600 CHICAGO, IL 60611-5379 RS discuss this return with the preparer shown above? (See instructions)	1, 1,01,01,0	12-670-7444

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	<u> </u>		
	Schedule C, Part II	4		x
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	 		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schodulo D. Port I	6		x
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		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	- '		<u> </u>
Ü	annualista Cabadiula D. David III	8		•
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	<u> </u>		X
•	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"			
	annualista Cabadista D. David IV	9		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	· •		
	Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? If "Yes," complete			
	Schedule J	23		х
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 questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a		Х
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or		i	
JSA	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	<u> </u>

8E1021 1 000

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
		28a		х
ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			-11
-		28ь		х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a	200		
·		20-		
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		х
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	التا	-	
3,	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R, Part			
		37		
	<u>VI</u>	J/		Х

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			ŀ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
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 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	<u> </u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		ļ
	Did the organization solicit any contributions that were not tax deductible?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			İ
	gifts were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		İ
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			Í
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			<u> </u>
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76		
_	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			ĺ
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring	8		x
9	organization, have excess business holdings at any time during the year?			
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		х
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
b		, J.		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			1
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
ь 11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			1
D	amounts due or received from them)			
12-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? · · ·	122		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Form 990 (2008) 36-3213132 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Х 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 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets?..... 5 6 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7 a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 9a Does the organization have local chapters, branches, or affiliates? 9a Х **b** If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9 b 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies Yes No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Х Does the organization have a written document retention and destruction policy? 14 14 Х Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. a The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? 15b Х 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 Х **b** If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ IL, 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)

available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website X Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶RUTH ANN SCHMITT 180 N. STETSON AVE CHICAGO, IL 60601 312-372-5906

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	Institutional trustee	Officer	Rey employee	Righest compensated mployee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
THOMAS A. CLANCY DIRECTOR		х								
EILEEN M. LETTS PRESIDENT		х								
J. TIMOTHY EATON VICE PRESIDENT		х								
JOHN C. ANDERSON DIRECTOR		x								
LEONARD J. SCHRAGER DIRECTOR		х								
JOSEPH B. MCDONNELL DIRECTOR		х								
HELEN E. OGAR SECRETARY/TREASURER		х								
RICHARD J. PENDERGAST DIRECTOR		х								
ELIZABEETH HOSKINS DOW DIRECTOR		x								
HONORABLE THOMAS L. KILBRIDE EX OFFICIO		х								
RUTH ANN SCHMITT EXECUTIVE DIRECTOR	40.				x	х		137,750.	NONE	
MARK MARQUARDT ASSISTANT DIRECTOR	40.		,		x			101,500.	NONE	NON

Form 990 (2008)

JSA

_	rt VII Section A. Officers, Directors, Tru	istees Ke	v Em	nolo	Ve	29	and b	Hia	hest Compensat	ed Employee	s /con	tinued	3	age (
	(A)	(B)	.y 	ipic		C)	una i	"9	(D)	(E)	3 (00///		<u>/</u> F)	
	Name and title	Average	Posit	tion (•	that app	(via	Reportable	Reportable		-	nated	ı
		hours per		_		_				compensation	n		unt of	
		week	Individual trustee or director	Institutional	Officer	Key employee	p gree	Former	from	from related			her	
			e la	ğ		탏	st cc	٦	the organization	organizations (W-2/1099-MIS	šC)	compe	nsati n the	
			7 ह	<u>a</u> +)yee) jij	l	(W-2/1099-MISC)	(**-271000-10110	,,,	organ		
			tee	trustee		"	ens					and r		
				ř			Highest compensated employee					organı	zatıor	ns
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						-					-			
1 b	Total			·				<u> </u>	239,250.	NO	ONE		l	NON
2	Total number of individuals (including those	e in 1a) v	vho r	ece	ived	m t	ore t	har	1 \$100,000 in re	portable comp	ensati	on fro	m t	he
	organization ▶ 2												es	No
3	Did the organization list any former office	er directo	or or	tri	ıste	P	kev e	mr	nlovee or highes	t compensate	d [165	NO
•	employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the													
	the organization and related organizations individual						If "Y	'es,	" complete Sched	ule J for suc	h -	4		
5	Did any person listed on line 1a receive						on fro	om	any unrelated of	rganization fo	r	-		<u> </u>
	services rendered to the organization? If "Yes,"											5		Х
	tion B. Independent Contractors								 					
1	Complete this table for your five highest compensation from the organization	compensat	ted in	idep	oeno	deni	con	trac	ctors that received	d more than	\$100,	000 c	of	
	(A)					-		Τ	(B)			(C)		
	Name and business add	ess						+-	Description of se	rvices		npensa	uon	
_								+						
										-				-
	V. 1							4						
	Total number of independent contractors (i	ncludina ti	hose	ın '	1) 4	who	rece	IVe	d more than \$10	0.000 in				
	and an analysis of the state of	IONE		. •	., .					,				

Par	t VII	Statement of Revenue			36-3213132		
	1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
क्ष य	1a	Federated campaigns 1a	<u>NON</u> E				
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b					
ts, g	С	Fundraising events 1c					
gif	d	Related organizations 1d					
ons,	е	Government grants (contributions) 1e					
utic er s	f	All other contributions, gifts, grants,					
ફ		and similar amounts not included above . 1f					
San	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		NONE			
eun			Business Code				
Ş Š	2a	IOLTA INCOME		6,286,625.	6,286,625.		
8	b	LEGAL AID FEES		2,648,670.	2,648,670.		
2	C						
Š	d					· · · · · · · · · · · · · · · · · · ·	
gra	6	All other program control revenue					
Program Service Revenue	f g	All other program service revenue		8,935,295.		-	
	3	Investment income (including dividends, intere					
	_	other similar amounts)		453,464.	_		453,464.
	4	Income from investment of tax-exempt bond p		NONE			
	5	Royalties		NONE			
		(ı) Real	(II) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	С	Rental income or (loss)					ļ
	d	Net rental income or (loss)		NONE			ļ
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory					
	b	Less cost or other basis					
		and sales expenses					
	c d	Gain or (loss)		465,865.	·	· · · · · · · · · · · · · · · · · · ·	465,865.
				403,863.			465,865.
	8a	Gross income from fundraising events (not including \$					
ñ.		of contributions reported on line 1c)					
Revenue		See Part IV, line 18					
Other I	ь	Less direct expenses bi					
5	С	Net income or (loss) from fundraising events .		NONE			
	9a	Gross income from gaming activities					
		See Part IV, line 19 a					
	b	Less direct expenses b					
	С	Net income or (loss) from gaming activities	<u></u>	NONE		 	
	10a	Gross sales of inventory, less					
		returns and allowances a	,				
		Less cost of goods sold b					
	С	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	NONE			1
	44-	· · · · ·					
	11a b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		NONE			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7	-				
		9c, 10c, and 11e		9,854,624.	8,935,295		919,329.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comple	te column (A) but are	not required to comp	olete columns (B), (C),	and (D).
	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 governments and				
	organizations in the U.S. See Part IV, line 21	8,193,685.	8,193,685.		
2	Grants and other assistance to individuals in			-	
	the U.S. See Part IV, line 22	NONE			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	US See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	NONE			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	505,016.	428,900.	76,116.	
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions)	NONE			
9	Other employee benefits	190,321.	161,637.	28,684.	
10	Payroll taxes	NONE			
11	Fees for services (non-employees)				
а	Management	NONE			
	Legal	NONE			
С	Accounting	NONE			
d	Lobbying	NONE			
е	Professional fundraising services See Part IV, line 17	NONE			
	Investment management fees	NONE			
g	Other	NONE			
12	Advertising and promotion	NONE			
13	Office expenses	4,927.	4,184.	743.	
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	122,921.	104,394.	18,527.	
17	Travel	NONE			
18	Payments of travel or entertainment expenses			T	
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	15,967.	13,591.	2,376.	
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	37,901.	32,189.	5,712.	
23	Insurance	NONE			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	INSURANCE	24,031.	20,409.	3,622.	,
b	DUES_AND_PUBLICATIONS	4,528.	4,528.		
¢	TECHNOLOGY	772.	656.	116.	
d	PROFESSIONAL_SERVICES	44,903.	5,216.	39,687.	
е	EQUIP_RENTAL_AND_MAINTENANCE	4,691.	3,984.	707.	
f	All other expenses	22,077.	19,514.	2,563.	
25	Total functional expenses Add lines 1 through 24f	9,171,740.	8,992,887.	178,853.	
26	Joint Costs. Check here ▶ If following	_			
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				
JSA					Fa 990 (200

Pa	irt X	Balance Sheet						
			(A) Beginning of year		Eı	(B) nd of y	ear	
	1	Cash - non-interest-bearing	7,074,743.	1		4,13	5,3	728
	2	Savings and temporary cash investments		2				
	3	Pledges and grants receivable, net		3		-		
	4	Accounts receivable, net		4				
	5	Receivables from current and former officers, directors, trustees, key						
		employees, or other related parties Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section						
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II						
		of Schedule L		6				
ts	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sales or use		8				
Ä	9	Prepaid expenses and deferred charges STMT- 3 · ·	12,767.	9		1	2,	<u>523</u>
	10a	Land, buildings, and equipment cost basis 10a 415,804.						
	b	Less: accumulated depreciation Complete						
		Part VI of Schedule D	253,799.	10c		21	5,8	396
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·	16,627,429.	11	1	3,70	4,:	L85
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · ·		12				
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	99,263.					888
	16	Total assets. Add lines 1 through 15 (must equal line 34)	24,068,001.		1	8,16	6,2	<u> 220</u>
	17	Accounts payable and accrued expenses	64,772.					147
	18	Grants payable	13,229,685.			8,19	0,	199
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
es	21	Escrow account liability. Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,						
iab		highest compensated employees, and disqualified persons. Complete Part II						
_		of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D	58,695.					773
	26	Total liabilities. Add lines 17 through 25	13,353,152.	26		8,29	8,0	119
ces		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.						
lan	27	Unrestricted net assets	10,714,849.			9,86	8,2	<u> 101</u>
ã	28	Temporarily restricted net assets		28	-			
핕	29	Permanently restricted net assets		29				
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34.						
Assets	30	Capital stock or trust principal, or current funds		30				
155	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
	32	Retained earnings, endowment, accumulated income, or other funds		32				
Net	33	Total net assets or fund balances	10,714,849.			9,86	8,2	<u> 201</u>
	34	Total liabilities and net assets/fund balances	24,068,001.	34	1	8,16	6,2	<u> 220</u>
Pa	ırt XI	Financial Statements and Reporting	 			Т.:	- 1	
1	Acco	ounting method used to prepare the Form 990 Cash X Accrual Other	er			Ye	s	No
2a		e the organization's financial statements compiled or reviewed by an independent accoun			— —	2a		х
b	Were	e the organization's financial statements audited by an independent accountant? \dots			2	2b :	x	
С	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the					
	audit	, review, or compilation of its financial statements and selection of an independent accou	ntant?		· · · <u>_</u> 2	2c :	x	
3а	As a	result of a federal award, was the organization required to undergo an audit or audits as s	set forth in					
		Single Audit Act and OMB Circular A-133?				a	_	Х
_b	If "Ye	es," did the organization undergo the required audit or audits?			3	Bb		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number LAWYERS TRUST FUND OF ILLINOIS 36-3213132 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally Integrated e | x | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box x Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports (ii) EIN (vi) Is the (i) Name of supported (iii) Type of organization (v) Did you notify (vii) Amount of (iv) Is the organization (described on lines 1-9 organization in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the US? (see instructions)) support? Yes No SEE STATEMENT Total

JSA 8E1210 4 000 Schedule A (Form 990 or 990-EZ) 2008

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

Part II

	(Complete only if you ched	cked the box o	n line 5, 7, or	8 of Part I.)			
Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8 (f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3			ļ - · · · · · · · · · · · · · · · · · ·			
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> </u>		
	tion B. Total Support	(-) 2004	(h) 2005	(-) 2000	T (4) 2007 T	4-1.000	0 / (0.7-4-1
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	8 (f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (5	See instructions)			[12	
13	First five years. If the Form 990 is for the	•					
	organization, check this box and stop here	_ <u> </u>					<u></u> ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2008 (li	ne 6, column (f) divided by line	11, column (f))		. 14	. %
15	Public support percentage from 2007	Schedule A, Pa	art IV-A, line 26f			. 15	%
16a	33 1/3% support test - 2008. If the o	rganization did	not check the t	oox on line 13, a	and line 14 is 33	1/3% or m	ore, check this box
	and stop here. The organization qualif	ies as a publicl	y supported org	anization			▶ 🔲
b	33 1/3% support test - 2007. If the o	rganization did	not check a bo	x on line 13 or 1	l6a, and line 15 i	s 33 1/3%	or more, check this
	box and stop here. The organization q	jualifies as a pu	iblicly supported	dorganization.			▶ 🔲
17a	10%-facts-and-circumstances test - 2	2008. If the orga	anization did no	t check a box o	n line 13, 16a or	16b, and	line 14
	is 10% or more, and if the organization	n meets the "fa	ct-and-circumst	ances" test, che	ck this box and st	op here. E	xplain
	in Part IV how the organization meets	the "facts and	circumstances"	test. The organ	nzation qualifies a	s a publicly	supported
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2	2007 . If the orga	anization did no	t check a box o	n line 13, 16a, 10	6b, or 17a	, and line
	15 is 10% or more, and if the organiza	ation meets the	"facts and circi	ımstances" test,	check this box ar	nd stop he	re.
	Explain in Part IV how the organization						
	supported organization				-		
18	Private foundation. If the organization	did not check	a box on line 13	3, 16a, 16b, 17a	, or 17b, check	this box an	d see
	instructions	<u> </u>		<u> </u>	<u> </u>		<u> ▶ </u>
					Sci	hadula A /Ec	orm 990 or 990-F7) 2008

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support		,		<u> </u>		
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise				Ĭ		
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						-
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's	-		- :			
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities	-					
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3				l		
b	received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 · · · · · · · · ·						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)				<u> </u>		<u> </u>
Sec	tion B. Total Support						
C	alendar year (or fiscal year beginning in) 🕨 🛚	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or	ı					
	loss from the sale of capital assets	,					
	(Explain in Part IV)		ļ. _				
13	Total support. (Add lines 9, 10c, 11,						
	and 12)				İ	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	•			•		````
	organization, check this box and stop here.					· · · · · · · · · · · ·	· · · · • • • • • • • • • • • • • • • •
	tion C. Computation of Public Sup						
15	Public support percentage for 2008 (line 8,					15	%_
16	Public support percentage from 2007 Sche			· · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	16	%_
	tion D. Computation of Investmen			<u> </u>			
17	Investment income percentage for 2008 (lin					17	%
18	Investment income percentage from 2007 S					18	%_
19a	33 1/3% support tests - 2008. If the orga						
	17 is not more than 33 1/3 %, check this box						• • • • • • • • • • • • • • • • • • • •
b	33 1/3% support tests - 2007. If the organ						
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, o	r 19b, check this	box and see instru	ctions	▶

SCHEDULE'D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nam	e of the organization					Em	ployer identifi	cation number
LA	WYERS TRUST FUND OF ILLINOIS						36-321	3132
Pa	rt I Organizations Maintaining Donor Adv the organization answered "Yes" to For	ised Funds or Other m 990, Part IV, line 6	Sir	mila	ar Funds o	or Acc	ounts. Co	mplete if
		(a) Donor advis	ed f	fund	ls	((b) Funds ar	nd other accounts
1	Total number at end of year				-	·		
2	Aggregate contributions to (during year)							- -
3	Aggregate grants from (during year)							·· ·
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor ac	dvisors in writing that th	ne a	355	ets held in d	lonor a	dvised	
	funds are the organization's property, subject to th							. Yes No
6	Did the organization inform all grantees, donors, ai							
	used only for charitable purposes and not for the b							
	impermissible private benefit?							. Yes No
Рa	rt II Conservation Easements. Complete if	the organization ans	we	erec	"Yes" to F	Form 9	90, Part I	
1	Purpose(s) of conservation easements held by the	organization (check all t	that	<u>t</u> ap	ply).		•	
	Preservation of land for public use (e.g., recre	ation or pleasure)		Pr	eservation	of an h	istorically	mportantly land area
	Protection of natural habitat	`			eservation		-	•
	Preservation of open space							
2	Complete lines 2a-2d if the organization held a qua	alified conservation con	trib	outio	on in the for	m of a	conservation	on easement
	on the last day of the tax year							
							Held at	the End of the Year
а	Total number of conservation easements					2a		
b	Total acreage restricted by conservation easements					2b		
C	Number of conservation easements on a certified I	historic structure include	ed II	ın (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	3.			2d		
3	Number of conservation easements modified, trans	sferred, released, extin	gui	ishe	d, or termi	nated b	y the organ	ization during
	the taxable year							
4	Number of states where property subject to conse							
5	Does the organization have a written policy regard	_	_	-	•			
	enforcement of the conservation easements it holds							
6	Staff or volunteer hours devoted to monitoring, insp							
7	Amount of expenses incurred in monitoring, inspec	-			_	-	> \$	
8	Does each conservation easement reported on line	· · ·		•				
_	170(h)(4)(B)(i) and $170(h)(4)(B)(ii)$?							. L Yes No
9	In Part XIV, describe how the organization reports							
	balance sheet, and include, if applicable, the text of		gan	nıza	tion's financ	cial sta	tements tha	it describes
Da	the organization's accounting for conservation ease rt III Organizations Maintaining Collections		026	eur	es or Oth	or Sim	ilar Asso	
	Complete if the organization answered	"Yes" to Form 990, F	Par	t IV	, line 8.			
1 a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, (edu	ıcat	ion, or rese	earch in	nd balance furtherance	sheet works of e of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	r public exhibition, educ						
	(i) Revenues included in Form 990, Part VIII, line 1							
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, his					for fina	ancial gain,	provide the
	following amounts required to be reported under S							
а	Revenues included in Form 990, Part VIII, line 1 .							\$
b	Assets included in Form 990, Part X				. .		🟲	\$
For	Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.					Sc	hedule D (Form 990) 200

Par	till Organizations Maintain	ing Colle	ections o	of Art, His	torical	Treasure	s, or	Other Similar A	ssets (d	continue	<u>d)</u>
3	Using the organization's accession	and other	r rocords	s chock as	ov of the	following t	hat a	ro a cianificant lie	o of ite c	olloction	
3	items (check all that apply)	i and othe	ii records	o, check at	iy or the	TOHOWING I	iiial a	ire a significant us	e or its t	Ollection	
а	Public exhibition			ď		l nan or av	chan	ge programs			
	Scholarly research			u e	⊢	Other	Cilaii	ge programs			
b	—	onorotiono		е		Other					
C	Preservation for future go				-		. 46				
4	Provide a description of the organ	ization's c	ollections	and expla	ain now	ney turtne	rtne	organization's exe	impt pur	pose in	
_	Part XIV.										
5	During the year, did the organizati								_		
	assets to be sold to raise funds ra				•					Yes	No
Par	Trust, Escrow and Cust Part IV, line 9, or report							answered "Yes"	to Form	990,	
4 -	I- 4b		41								
та	Is the organization an agent, truste									٦.,	
	included on Form 990, Part X?						• • •		· · · · L	Yes	∐ No
b	If "Yes," explain the arrangement i	n Part XIV	and con	iplete the	tollowing	table.					
	5							Α	mount		
	Beginning balance										
đ	Additions during the year										
е	Distributions during the year						$\overline{}$				
f	Ending balance						$\overline{}$			1	
	Did the organization include an an), Part X, II	ne 217				· · · · L	Yes	No
	If "Yes," explain the arrangement i										
Par	t V Endowment Funds. Cor	, '									
4.	Danis and an anti-lane		rent Year	(b) Prio	r year	(c) Two ye	ears ba	ck (d) Three yea	irs back	(e) Four	years back
1a	Beginning of year balance	<u> </u>									
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities .	I .									
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage	of the year	ar end ba	lance held	as						
а	Board designated or quasi-endow			%							
b	Permanent endowment ▶	%									
С	Term endowment ▶	_%									
3a	Are there endowment funds not in	the poss	ession of	the organ	iization t	hat are hel	ld and	d administered for	the		
	organization by:									Y	es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(11), are the related or	ganızatıon	is listed a	s required	on Sche	dule R? .				3b	
4	Describe in Part XIV the intended	uses of the	e organız	ation's en	dowmen	t funds					•
Par	t VI Investments - Land, Bui	ldings, a	ınd Equi	pment. S	ee Forr	n 990, Pa	ırt X,	line 10.			
	Description of investment		, , ,	or other basis	,) Cost or othe basis (other)	r	(c) Depreciation	(0	i) Book valu	ie
1a	Land		1								
b	Buildings			-							
С	Leasehold improvements					129,63	35.	22,198.		107	7,437.
d	Equipment					188,6		156,109.			2,502.
е	Other				_	97,5	-	21,601.			5,957.
	I. Add lines 1a-1e (Column (d) sho		Form 990	, Part X, c	olumn (E				-		5,896.
											

Schedule D (Form 990) 2008

Part VII	Investments - Other Securities. See	Form 990, Part X, lin	e 12.	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valual Cost or end-of-year mark	
Financial deri	ivatives and other financial products			
Closely-held	equity interests			
Other				
-			-	
				· · · · · · · · · · · · · · · · · · ·
		·		
	(b) should equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. See	Form 990, Part X, lir	ne 13.	·
	(a) Description of investment type	(b) Book value	(c) Method of valuar Cost or end-of-year mark	
	(b) should equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X,			
	(a)	Description		(b) Book value
				
	· · · · · · · · · · · · · · · · · · ·			
	-			
				· · · · · · · · · · · · · · · · · · ·
Part X	(b) should equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part	X. line 25.	· · · · · · · · · · · · · · · · · · ·	
	(a) Description of liability	(b) Amount		
Federal incom	ne taxes			
OTHER		99,773.		
<u></u>				
				
				
Total. (Column	(b) should equal Form 990, Part X, col (B) line 25)	99,773.		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part	XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			Fage →
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		9,854,624.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		9,171,740.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3		682,884.
4	Net unrealized gains (losses) on investments	4	 	-1,529,530.
5	Donated services and use of facilities	5	 	-1,329,330.
6		6	\vdash	
7	Investment expenses	7		
8	Other (Describe in Part XIV)	8	1	
9	Total adjustments (net) Add lines 4-8	9		-1,529,530.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-	
Part			 }	-846,646.
1	Total revenue, gains, and other support per audited financial statements		1	8,325,094.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•		0,323,034.
a	Net unrealized gains on investments	۱ ۵	l	
b	Donated services and use of facilities 2b	-		
c	Recoveries of prior year grants 2c	\neg		
d	Other (Describe in Part XIV)			
e	Add lines 2a through 2d	_	2e	-1,529,530.
3	Subtract line 2e from line 1		3	9,854,624.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	`. -		J,034,024.
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIV)	_		
	Add lines 4a and 4b	_	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	• ⊢	5	9,854,624.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F			<u> </u>
1	Total expenses and losses per audited financial statements	T	1	9,171,740.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a	- 1		
b	Dura via a divida and			
c	Losses reported on Form 990, Part IX, line 25			
d	Other (Describe in Part XIV)	\neg		
e	Add lines 2a through 2d	\neg	2e	
3	Subtract line 2e from line 1	-	3	9,171,740.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	٦,		
а	Investment expenses not included on Form 990, Part VIII, line 7b	1		
b	Other (Describe in Part XIV)			
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	9,171,740.
Part				
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa b, Part V, line 4, Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b	art IV	, line:	s 1b
			_ _	

Schedule D (Fo	orm 990) 2008	36-3213132 Pa	ge ၁
Part XIV	Supplemental Information (continued)		
•			

Schedule D (Form 990) 2008

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Ond Individuals in the II &

OMB No 1545-0047 2008

		Gover	ernments	, and Individ	nments, and individuals in the U.S.	Ġ.		5
Department of the Treasury	▲ Com	plete if the	organization a	inswered "Yes," or	► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	lines 21 or 22.		Open to Public
Internal Revenue Service			A	Attach to Form 990.	90.			Inspection
Name of the organization							Employer Identification number	n number
LAWYERS TRUST F	FUND OF ILLINOIS						36-3213132	
Part General In	General Information on Grants and Assistance	d Assistan	93					
1 Does the organize	Does the organization maintain records to substantiate the	ubstantiate		the grants or assist	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ligibility for the grants	or assistance, and	[
the selection crite	ria used to award the gran	ts or assistar	тсе?					X Yes No
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	dures for m	onitoring the us	se of grant funds in t	he United States			
Part Grants and	Grants and Other Assistance to Governments	Governme	nts and Orga	nizations in the U	and Organizations in the United States. Complete if the organization answered "Yes" on	lete if the organiza	ition answered "Ye	s" on
Form 990, Use Part IV	Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed	y recipient n 990) if ad	that received ditional space	n more man \$5,0∪ e is needed	\$5,000. Check this box ii	no one recipient re	eceived more than	\$3,000.
1 (a) Name and address of organization or government	organization it	(b) EIN	(c) IRC section if applicable	(d) Amount of cash gran	(d) Amount of cash grant (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE SCHEDULE I-	-1							
			:					
								-
				:				
			:					
	Enter total number of section 501(c)(3) and government or	governmen	t organizations					36
3 Enter total numbe	Enter total number of other organizations .						•	
For Privacy Act and F	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Notice, see	the Instructio	ns for Form 990.			Schec	Schedule I (Form 990) 2008

25

36-3213132

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) DEVELOPMENTS, SUCH AS CHANGES IN KEY PERSONNEL. PROGRAMS RECEIVING FUNDS CARRIED OUT UNDER THE GRANT, AND ARE SUBJECT TO SITE VISITS CONDUCTED BY DETAILED PROPOSAL THAT INCLUDES A BUDGET, AUDITED FINANCIAL STATEMENTS THE LAWYERS TRUST FUND REQUIRES ALL GRANTEE ORGANIZATIONS TO SUBMIT A AND GOALS FOR CLIENT SERVICES. GRANTS ARE AWARDED BY CONTRACT, WHICH INCLUDES A REQUIREMENT THAT THE ORGANIZATION REPORT ANY MAJOR PROGRAM LAWYERS TRUST FUND PERSONNEL ON AN ANNUAL OR BIANNUAL BASIS. LAWYERS (d) Amount of non-cash assistance ARE ALSO REQUIRED TO SUBMIT A WRITTEN REPORT DESCRIBING ACTIVITIES (c) Amount of cash grant (b) Number of recipients POLICY ON MONITORING THE USE OF GRANT FUNDS (a) Type of grant or assistance SCHEDULE I Part IV Part III

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional snace is needed Schedule I (Form 990) 2008

Part III Grants an

(a) Type of grant or assistance recipients cash:	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					•
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ete this part to	provide the info	ormation required	in Part I, line 2, and an	other additional information.
<u>TRUST FUND STAFF MEMBERS ADDRESS ANY PERFORMANCE ISSUES DIRECTLY WITH</u>	ANY PERFORM	ANCE ISSUES.	DIRECTLY WIT		
APPROPRIATE STAFF AND/OR BOARD MEMBERS AT		THE GRANTEE ORGANIZATION.	GANIZATION		
1 1 1 1 1 1 1 1 1 1 1 1 1	; 1 1 1 1 1 1 1 1 1	 	; ; ; ; ; ; ; ; ; ; ; ;	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 		
	! ! ! ! ! !				
	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		
					Schedule I (Form 99t) 2008

27

SCHEDULE 1-1 (Form 990)

Department of the Treasury

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2008

Open to Public Inspection

ROVIDE FREE LEGAL S ROVIDE FREE LEGAL S ROVIDE FREE LEGAL S ROVIDE FREE LEGAL S ROVIDE FREE LEGAL S ROVIDE FREE LEGAL S PROVIDE FREE LEGAL S PROVIDE FREE LEGALSE PROVIDE FREE LEGAL S ROVIDE FREE LEGAL ROVIDE FREE LEGAL ROVIDE FREE LEGAL ROVIDE FREE LEGAL ROVIDE FREE LEGAL PROVIDE FREE LEGAL (h) Purpose of grant or assistance Employer Identification number (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 20,000. 45,000. 90,386. 550,000. 600,000. 1,590,000. 44,000. 376,168. 716,168. 125,000. 306,169. 615,000. 36,000 226,169 120,000 (c) IRC Code section if applicable Enter total number of Section 501(c)(3) and government organizations 50103 50103 50103 50103 50103 501C3 501C3 501C3 50103 501C3 50103 50103 501C3 50103 50103 111 W. JACKSON BLVD CHICAGO, IL 60604-3502 36-2754650 36-3200465 20-2917133 36-2167940 36-3310774 36-2775706 36-3633031 23-7164989 36-3863573 36-6109584 43-1700482 37-0958448 36-3134577 36-3647731 36-6116621 (b) EIN LAWYERS TRUST FUND OF ILLINOIS 180 N. MICHIGAN AVE CHICAGO, IL 60601-7454 CHICAGO LEGAL ADVOCACY FOR INCARCERATED MOT LAND OF LINCOLN LEGAL ASSISTANCE FOUNDATION LEGAL AID BUREAU OF METROPOLITAN FAMILY SER LEGAL ASSISTANCE FOUNDATION OF METRO CHICAG CHICAGO VOLUNTEER LEGAL SERVICES FOUNDATION 8787 STATE STREET EAST ST. LOUIS, IL 62203 70 E. LAKE STREET CHICAGO, IL 60601-5959 126 S. COUNTY FARM RD WHEATON, IL 60187 321 S. PLYMOUTH COURT CHICAGO, IL 60604 740 N. MILWAUKEE AVE CHICAGO, IL 60642 100 W. MONROE STREET CHICAGO, IL 60603 1 N. DEARBORN STREET CHICAGO, IL 60602 LAWYERS' COMMITTEE FOR BETTER HOUSING 2938 E. 91ST STREET CHICAGO, IL 60617 ILLINOIS COALITION FOR EQUAL JUSTICE 17 N. STATE STREET CHICAGO, IL 60602 17 N. STATE STREE CHICAGO, IL 60602 (a) Name and address of organization or government DOMESTIC VIOLENCE LEGAL CLINIC AIDS LEGAL COUNCIL OF CHICAGO DUPAGE_BAR_LEGAL_AID_SERVICE_ ILLINOIS LEGAL AID ONLINE THE IMMIGRATION PROJECT 510 E. WASHINGTON STREET CABRINI GREEN LEGAL AID 555 W. HARRISON STREET 100 N. LASALLE STREET CHICAGO LEGAL CLINIC Name of the organization Internal Revenue Service CARPLS

Schedule I-1 (Form 990) 2008

28

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2008

Open to Public

Employer identification number

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Part Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990) Part II	Other Assist	ance to Govern	ments and Organ	S 11 off in the 11 S	(Schedule I (Form	m 990) Part II)	
) Na	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE SPAN CENTER FOR LEGAL SERVICES	36-2991281	501C3	265,000.				PROVIDE FREE LEGAL S
NATIONAL IMMIGRANT JUSTICE CENTER	0836601-36		000				o troat agas authodd
	0 to 1 or 1 or	57100					
975 N. MAIN STREET ROCKFORD, IL 61103-7064	37-1030764	50103	1,600,000.				PROVIDE FREE LEGAL A
MILL COUNTY LEGAL ASSISTANCE PROGRAM	29E8682-9E	50103	900 000				PROVIDE FREE LEGAL, A
ACCESS_LIVING							
CENTER FOR ECONOMIC PROCEESS	36-3310//4	50103	41,000.				PROVIDE FREE DEGAL A
29 E. MADISON STREET CHICAGO, IL 60602	36-3693728	50103	7,500.				PROVIDE FREE LEGAL A
CENTRO ROMERO 6216 N. CLARK STREET CHICAGO 11, 60660	36-3517408	50103	12.500.				PROVIDE PREE LEGAL A
CHICAGO COALITION FOR THE HOMELESS							
1325 S. WABASH AVE CHICAGO, IL 60605-2507	36-3292607	50103	25,000.				PROVIDE FREE LEGAL A
CHICAGO LAWYERS COMMITTEE FOR CIVIL RIGHTS							
100 N. LASALLE STREET	51-0189264	50103	15,000.				PROVIDE FREE LEGAL A
COMMUNITY_ECONOMIC_DEVELOPMENT_LAW_PROJECT_	-				,		,
100 N. LASALLE STREET CHICAGO, IL 60602	51-0189264	50103	25,000.				PROVIDE FREE LEGAL A
DEPAUL ASYLUM & IMMICRATION CLINIC 1 E. JACKSON BLVD CHICAGO, IL 60604-2287	36-2167048	501C3	35,000.				PROVIDE FREE LEGAL A
ELDERCARE OPTIONS							
247 W. PRAIRIE AVE DECATUR, IL 62523	37-0661499	50103	7,500.				PROVIDE FREE LEGAL A
EQUIP FOR EQUALITY							
20 N. MICHIGAN AVE CHICAGO, IL 60602	36-3361312	50103	100,000.				PROVIDE FREE LEGAL A
EVANSTON COMMUNITY DEFENDER OFFICE							
828 DAVIS STREET EVANSTON, IL 60201	36-3180725	50103	12,000.				PROVIDE FREE LEGAL A
HEALTH & DISABILITY ADVOCATES					-		
205 W. MONROE STREET CHICAGO, IL 60606	36-4042562	501C3	75,000.				PROVIDE FREE LEGAL A

Schedule I-1 (Form 990) 2008

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047 2008

Open to Public Inspection

Employer identification number

ROVIDE FREE LEGAL A ROVIDE FREE LEGAL A PROVIDE FREE LEGAL A ROVIDE FREE LEGAL A PROVIDE FREE LEGAL A ROVIDE FREE LEGAL A (h) Purpose of grant or assistance (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance 50,000. 20,000. 7,500. 17,500 15,625 12,500 (c) IRC Code section if applicable Enter total number of Section 501(c)(3) and government organizations 50103 50103 50103 501C3 50103 501C3 36-3059660 36-3151279 37-1188469 37-6024575 20-8823323 (b) EIN 31-07578 Enter total number of other organizations SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF LAW SARGENT SHRIVER NATIONAL CENTER ON POVERTY 7 VIEUX CARRE DR EAST ST. LOUIS, IL 62203 50 E. WASHINGTON STREET CHICAGO, IL 60602 77 W. WASHINGTON STREET CHICAGO, IL 60602 321 N. CLARK STREET CHICAGO, IL 60654 180 N. STETSON AVE CHICAGO, IL 60601 (a) Name and address of organization or government ILLINOIS EQUAL JUSTICE FOUNDATION KAPLAN HALL CARBONDALE, IL 62901 PUBLIC INTEREST LAW INITIATIVE WORKING HANDS LEGAL CLINIC NEIGHBORHOOD LAW OFFICE Part I

30

Schedule 1-1 (Form 990) 2008

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

Page 2	(f) Description of non-cash assistance										
	(e) Method of valuation (book,	riny, appraisal, orner)									
3213132	(d) Amount of	IIOT-Casil assistance									
36-3213132	(c) Amount of	כפאו פופור									
	ASSISTANCE TO INC (b) Number of	recipents									
Schedule I-1 (Forn 990) 2008	(a) Type of grant or assistance (b) Number										

Schedule I-1 (Form 990) 2008

Name of the organization LAWYERS TRUST FUND OF ILLINOIS	Employer identification number 36-3213132
POLICIES AND DISCLOSURES - REVIEW OF EXECUTIVE DIR COMPENSATION	
PART_VI	
PURSUANT TO EXECUTIVE COMMITTEE DIRECTION, THE EXECUTIVE DIRECTOR	GATHERS
COMPENSATION INFORMATION ON IOLTA DIRECTORS IN SIMILIAR STATES, R	EVIEWS
THE IOLTA SALARY SURVEY COMPOSED BY THE NATIONAL ASSOCIATION OF I	OLTA
PROGRAMS (NAIP), REVIEWS LAW FIRM COMPENSATION FOR SIMILIARLY EXP	ERIENCED
ATTORNEYS, AND SURVEYS OF NOT-FOR-PROFIT AND FOUNDATION EXECUTIVE	
COMPENSATION. THIS INFORMATION IS DISCUSSED WITH THE TREASURER A	ND HE
PRESENTS THE RECOMMENDATION FOR EXECUTIVE COMPENSATION TO THE BUD	GET
COMMITTEE AND THEN TO THE FULL BOARD OF DIRECTORS FOR APPROVAL.	
	-
	-

Name of the organization	Employer identification number
LAWYERS TRUST FUND OF ILLINOIS	36-3213132
MONITOR & ENFORCE CONFLICT OF INTEREST POLICY	
PAGE 6 SECTION B POLICIES QUESTIONS 12C	
LAWYERS TRUST FUND MONITORS AND ENFORCES THE CONFLICT OF INTEREST	POLICY
BY CROSS CHECKING THE BOARDS OF THE ORGANIZATIONS WHICH WOULD GIV	E RISE
TO A CONFLICT. IF LAWYERS TRUST FUND FINDS A POSSIBLE CONFLICT A	LAWYERS
TRUST FUND DIRECTOR HAS NOT REVEALED, LAWYERS TRUST FUND RAISES T	HE
MATTER WITH THE DIRECTOR AND REQUIRE THEY REVEAL IT.	

JOSEPH B. MCDONNELL

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

TO PROVIDE GRANT FUNDS TO ILLINOIS NOT-FOR-PROFIT ORGANIZATIONS PROVIDING LEGAL ASSISTANCE TO THE POOR THROUGHOUT ILLINOIS AND FOR SUCH OTHER PROGRAMS FOR THE BENEFIT OF THE PUBLIC AS SPECIFICALLY APPROVED FROM TIME TO TIME BY THE SUPREME COURT OF ILLINOIS EXCLUSIVLY FOR PUBLIC PURPOSES.

FORM 990, PART VIII - INVESTMENT INCOME

(D) EXCLUDED REVENUE		453,464.	1 3 4 4 1 1 1 1 1 1 1 1 1 1 1	453,464.	H D G G G G G G G G G G G G G G G G G G
EX	!		1 1 1 1		U II II II
(C) UNRELATED BUSINESS REV.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		11 11 11 11 11 11 11 11 11
(B) RELATED OR EXEMPT REVENUE			1 1 1 1 1 1 1 1 1 1 1 1		
(A) TOTAL REVENUE		453,464.		453,464.	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
				TOTALS	
DESCRIPTION		INTEREST INCOME			

STATEMENT

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION BOOK VALUE

PREPAID EXPENSES 12,523.

TOTALS 12,523.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

	ENDING
DESCRIPTION	BOOK VALUE
CORPORATE BONDS U.S. GOVERNMENT OBLIGATIONS EQUITY SECURITIES	1,339,804. 9,668,336. 2,696,045.
TOTALS	13,704,185.

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
ILLINOIS STATE BAR ASSOCIATION 501(C)(6) CHICAGO BAR ASSOCIATION 501(C)(6)	37-0345303 36-6109584	09 09			·	

TOTAL AMOUNT OF SUPPORT

LAWYERS TRUST FUND OF ILLINOIS

Description of Property

36-3213132

489. 1,392. 2,247. 59 1,815. 69 1,899. 54. 202 127 109 Current-year depreciation Current-year amortization Current-year 179 expense ORS Class ACRS (class) 3.000 8.000 3.000 8.000 3.000 3.000 5.000 8.000 5.000 7.000 8.000 5.000 5.000 5.000 5.000 5.000 Į Ē 8 Code SIᄗ SISI SIS SL SLᄗ S SL SL 당 SL 29,150. Accumulated Accumulated amortization Beginning Ending
Accumulated Accumulated
depreciation 509. 235. 7,259. 390. 208. 1,711. 4,872. 895. 872. 13,077. 1,674. 10,837. 55,000. 490. 13,480. 6,647. 6,850. 1,630. 818. 1,222. 382. 29,150. 11,233. 895. 55,000. 139. 3,480. 1,428. 1,674. 176. 5,444. 278. 4,748. 13,077. 6,850 10,837. 381 899. 2,445. 6,959. 872. 9,073. 55,000. 869. 29,150. 208. 13,480. 9,494. 895. 13,077. 6,850. 1,630. 294. 1,674 637 depreciation 10,837 Basis for Basis Reduction 179 exp reduction in basis 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 100.000 6,850. 100.000 1,630. 100.000 1100.000 100.000 100.000 100.000 100.000 Bg % Unadjusted Cost or basis 9,494. 872. 637. 294. 869. 29,150. 899. 208. 2,445. 6,959. 13,077. 1,674. 10,837. 9,073. 55,000. 13,480. 895. Cost or basis 01/01/2005 01/01/2005 03/07/2005 01/01/2006 01/01/2006 01/01/2006 Date placed in service 01/01/2005 01/01/2005 01/01/2006 01/01/2006 01/01/2006 01/01/1999 01/02/2002 01/01/2005 01/01/2001 01/01/2001 03/31/2001 01/02/2002 01/02/2003 Date placed in service Asset description Asset description Subtotals FURNITURE/FIXTURES COMPUTER EQUIPMENT FURNITURE/FIXTURES TOTALS.... COMPUTER EQUIPMENT FIXTUR **AMORTIZATION** Less Retired Assets DEPRECIATION Subtotals Less Retired Assets L/H IMPROVEMENTS TELEPHONE SYSTEM Listed Property FURNITURE & TOTALS. FURNI TURE FURNI TURE CELLPHONE COMPUTER SOFTWARE SOFTWARE SOFTWARE COMPUTER COMPUTER COMPUTER VEHICLE COPIER

^{*}Assets Retired JSA 8X8024 1 000

2008

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36-3213132

LAWYERS TRUST FUND OF ILLINOIS

11,549. 6,692. 37,903. 37,903. 129 727. 10,232 Current-year depreciation amortization Current-year Current-year 179 expense MA CRS class ACRS 3.000 5.000 5.000 8.000 12.000 Life Ľfe Š Me-Code SL S 1,090. SL 10,038. SL 15,348. SL Beginning Ending
Accumulated Accumulated
depreciation depreciation 322. Accumulated Accumulated amortization 17,324. 199,908. 199,908. 363. 3,346. 162,005. 162,005. 5,116. 5,775. 193. 415,804. Basis for depreciation 2,180. 415,804. 122,785. 643. 92,393. 33,460. Basis Reduction 179 exp reduction in basis 2,180. 100.000 100.000 100.000 100.000 100.000 Bus % Unadjusted Cost or basis 643. 92,393. 33,460. 122,785. 415,804 415,804 Cost or basis 12/31/2007 Subtotals Date placed in service 12/31/2007 12/31/2007 12/31/2007 01/01/2007 Date placed in service Less Retired Assets Asset description TOTALS..... Description of Property Asset description Less Retired Assets . **AMORTIZATION** TOTALS..... DEPRECIATION L/H IMPROVEMENTS Subtotals Listed Property EQUIPMENT FURNI TURE **EQUI PMENT** SOFTWARE

*Assets Retired JSA 8x9024 1 000