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Department of the Treasury Internal Rovenue Service

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

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

| | 2009 ca | endar year, or tax year beginning and ending | | |
|--|---|--|-------------------------------|------------------------------------|
| 3 Check if applicable | e. Please use IRS | C Name of organization D I | Employer identifica | ation number |
| Addres | ss label or | Chicago Cubs Charities | | |
| Name | type | Doing Business As | 36-3443 | 543 |
| Initial | See | | Telephone number | |
| Termin | Specific | 1060 West Addison Street | 773-404 | - 2827 |
| Ameno | ded trons | | Gross receipts \$ | 1,086,250. |
| Applic | | ,,,, |) Is this a group ret | |
| pendir | F Nar | ne and address of principal officer:Crane Renney | for affiliates? | Yes X No |
| | L | · · · · · · · · · · · · · · · · · · · |) Are all affiliates inclu | ded? Yes No |
| Tax-ex | empt stati | | • | st. (see instructions) |
| | te: ▶ N// | |) Group exemption | number - |
| Form of | organizatio Summ | | mation 1986 M | State of legal domicile. 1L |
| 4 | | scribe the organization's mission or most significant activities: To provide grants is | to qualified | |
| O I | chariti | | | |
| E 2 | | s box Inf the organization discontinued its operations or disposed of more than | 25% of its net ass | ets. |
| 8 3 | | f voting members of the governing body (Part VI, line 1a) | 3 | 5 |
| ğ 4 | | f independent voting members of the governing body (Part VI, line 1b) | 4 | 5 |
| φ 5 | | ber of employees (Part V, line 2a) | 5 | 0 |
| ₹ é | | ber of volunteers (estimate if necessary) | 6 | 10 |
| ≦ 7a | | s unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | _ | ated business taxable income from Form 990-T, line 34 | 7b | 0. |
| | | | Prior Year | Current Year |
| 8 6 | Contribut | ons and grants (Part VIII, line 1h) | 162,851. | 633,386. |
| 3. i | | service revenue (Part VIII, line 2g) | 841,040. | 213,244. |
| 10 | | nt income (Part VIII, column (A), lines 3, 4, and 7d) | 1,937. | 1,834. |
| | | enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 18,639. | 201,113. |
| | | nue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,024,467. | 1,049,577. |
| \neg | | d similar amounts paid (Part IX, column (A), lines 1-3) | 687,564. | 330,284. |
| | | paid to or for members (Part IX, column (A), line 4) | | |
| ខ្លួ 15 | Salanes, | other compensation, employee benefits (Part IX, column (A), lines 5-10) | | |
| ž 16a | Professio | nal fundraising fees (Part IX, column (A), line 11e) | | |
| 15 16a b | Total fund | fraising expenses (Part IX, column (D), line 25) | | |
| 17 | Otherex | enses (Kart IX, column (A), lines 11a-11d, 11f-24f) | 98,841. | 27,870. |
| 18 | Total exp | enses (Kart X, column (A), lines 11a-11d, 11f-24f) pases. Add Tines 13/17 (must equal Part IX, column (A), line 25) | 786,405. | 358,154. |
| 19 | Revenue | ess expenses. Subtract line 18 from line 12 | 238,062. | 691,423. |
| 8 | IIA Q | | ng of Current Year | End of Year |
| ଞ୍ଚି 20 ଓ | Total ass | ats (Part X, line 16) | 620,101. | 1,594,968. |
| 20 Palances 21 22 | Total lab | Itles Part X, line 20) | 11,667. | 295,111. |
| | Net asse | s or fund balances-Subtract line 21 from line 20 | 608,434. | 1,299,857. |
| Part II | | ture Block | | |
| | Under pena | ities of perjury, I declare that I pare exemined this return, including accompanying schedules and statements, and to te. Declaration of preparer (other than officed is based on all information of which preparer has any knowledge | the best of my knowledge | and belief, it is true, correct, |
| | | | // | _ |
| | (| | - <i>\S\I</i> 3\ <i>I</i> 4 |) |
| ign | | - Kuth) / | 0//- | |
| _ | | adure of officer | Date | |
| _ | Sig | nathan Greifenkamp, CPO | Date | |
| _ | Sig | nathan Greifenkamp, CPO sorpnit name and title | Date | |
| ere | Sig Jon Typ Preparer | nathan Greifenkamp, CFO e or print name and title Date Check if | Date Preparer (see inst | 's identifying number ructions) |
| lere | Sig Joi Typ Preparer'signature | Date Check if self-employee | (see inst | |
| lere 'ald 'reparer's | Sig Jon Typ Preparer' signature | Date Check if self-employee | (see inst | |
| tere Paid Preparer's | Sig Joi Typ Preparer' Signature Firm's narr yours if self-emplo | Date Check if self-employe a for Deloitte Tax LLP | ed 🕨 🥒 (see inst | |
| dere Pald Preparer's | Sig Jon Typ Preparer's signature Firm's namyours if | Date Check if self-employe a for Deloitte Tax LLP | ed 🕨 🥒 (see inst | ructions)* |
| Sign Here Paid Preparer's Use Only | Preparer' Signature Firm's nerryours if self-emplo address, a ZIP + 4 | Date Solf- elor Deloitte Tax LLP 111 South Wacker Drive | ed (see inst | ructions)* |

| om | 990 (2009) | Chicago Cubs Chariti | .08 | 36-34435 | 43 Pag | <u> </u> |
|----|---------------------|--|---|------------------------------|---------------------------------------|---------------|
| al | rt III Stateme | nt of Program Service Acc | omplishments | | | |
| | Briefly describe th | ne organization's mission: | | | | |
| | - | - | ed to harnessing the passion | of | | |
| | Chicago Cubs | fans to improve the lives | of children and families act | coss | | |
| | Chicago. | | | | | |
| | | | | | · · · · · · · · · · · · · · · · · · · | |
| 2 | Did the organizati | on undertake any significant progra | am services during the year which we | ere not listed on | | _ |
| | the prior Form 99 | | | | Yes X I | No |
| | - | these new services on Schedule C | | • | | |
| 3 | | | ificant changes in how it conducts, a | ny orogram services? | Yes X | No |
| • | | these changes on Schedule O. | inicant changes in now it conducts, a | in program convious. | | |
| 4 | | · · · · · · · · · · · · · · · · · · · | n of the organization's three largest p | rooram carvicae by avriances | | |
| • | | | ction 4947(a)(1) trusts are required to | | | |
| | | | e, if any, for each program service re | | | |
| | anocations to oth | ers, the total expenses, and revent | e, ii any, for each program service re | ported. | | |
| | (Codo: |) /Fvr | DEC 154 makeding quarter of C | 336,247.)(Revenue\$ | 414,357 | $\overline{}$ |
| 4a | (Code: | • • • | 358,154. including grants of \$ | 330,247.)(Nevenue \$ | 414,33 | ٠, |
| | | funding support for charit | able organizations and | | | |
| | institutions | across Chicago. | | | | |
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| 4b | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | |) |
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| 4c | (Code: |) (Expenses \$ | including grants of \$ |) (Revenue \$ | | |
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| | Other program as | ervices. (Describe in Schedule O.) | | | | |
| 70 | | | on all the same of | P | | |
| | (Expenses \$ | including gran | | une ⊅ | | |
| +6 | i otal program s | ervice expenses > \$ | 358 154 | | | |

Form 990 (2009) Chicago Cubs Charities
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 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3_ | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Section 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 similar funds or accounts where donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6_ | | 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 | | <u> </u> |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | _ | | |
| | Schedule D, Part III | 8_ | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide | _ | | |
| | credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? | | | |
| | If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X | 11 | | x |
| | as applicable | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | |
| • | 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. | | | |
| • | 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. | | | |
| • | 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. | | | |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| • | 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? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI, XII, and XIII. | 12 | х | <u> </u> |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No | | | Ì |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | х |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 148 | | X |
| ь | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | ١ |
| 40 | or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | - | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | 10 | | |
| 17 | located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | X |
| • • | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | - · · | t | ^ |
| . • | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | x | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | <u> </u> | |
| - | complete Schedule G, Part III | 19 | | х |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | х |
| | • | Form | 990 | (2009) |

Form 990 (2009) Chicago Cubs Charities

Part IV Checklist of Required Schedules (continued)

| | • | | Yes | No |
|-----|--|------|-------------|--|
| 21 | Qid the organization report more than \$5,000 of grants and other assistance to governments and organizations in the | | | |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | x | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | 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 lines 24b through 24d and complete | 1 | | |
| | Schedule K. If "No", go to line 25 | 24a | | _ x |
| 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 | | <u> </u> |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | x |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | 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, substantial | | | |
| | contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete | | | |
| | Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| Ь | , | 28b | | X |
| C | , | | | |
| | an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 0.4 | contributions? If "Yes," complete Schedule M | 30_ | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | 0.4 | | |
| 20 | If "Yes," complete Schedule N, Part I | 31 | | <u> </u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 20 | | , |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | <u>x</u> |
| 55 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? | - 55 | | <u> </u> |
| | If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | x | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | - | | |
| • | If "Yes," complete Schedule R, Part V, line 2 | 35 | | × |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | x | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | T | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? | | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | х | <u> </u> |
| | | Form | 990 | 2009) |

| | 990 (2009) Chicago Cubs Charities **E V Statements Regarding Other IRS Filings and Tax Compliance | | 36-3443543 | | . b | age 5 |
|----|--|---------|-------------------|----------|-----|-------------------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of | 1 | } | <u></u> | | 1 |
| | U.S. Information Returns. Enter -0- if not applicable | 1a | | o - | 1 | |
| ь | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and r | | ble gaming | 1 | 1 4 | |
| | (gambling) winnings to prize winners? | | 33 | 1c | x | |
| 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 | 1 | 0 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | | | 2ь | | Ī |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see | | ctions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered | | | 3a | 1 | x |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | • | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | author | nty over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | | | 4a | | x |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | ì | |
| | See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign | Bank a | and | | | |
| | Financial Accounts. | | | | | I |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | x |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | | | 5b | ļ | x |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard | arding | Prohibited | | | |
| | Tax Shelter Transaction? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | ne orga | anization solicit | | | İ |
| | any contributions that were not tax deductible? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribute | lons o | r gifts | | | ļ |
| _ | were not tax deductible? | | - | 6b | | ļ |
| 7_ | Organizations that may receive deductible contributions under section 170(c). | | | | | ŧ |
| 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 | ļ | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | ļ | ├ |
| · | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282? | as req | uired | l _ | | l |
| а | If *Yes,* Indicate the number of Forms 8282 filed during the year | | - | 7c | | X |
| | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p | 7d | | ł | | |
| · | benefit contract? | person | aı | , | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti | ract? | | 7e 7f | | X |
| 9 | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | ^- - |
| _ | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0 | | oured? | 7h | | · |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or | | | | | |
| | supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc | | | | | ł |
| | at any time during the year? | | | 8 | | x |
| 9 | Sponsoring organizations maintaining donor advised funds. | | · | | | |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | | х |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | х |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | <u> </u> | | ļ. |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |] | | ŀ |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | İ |
| | Gross income from members or shareholders | 11a | |] | | |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | ļ |
| | amounts due or received from them.) | 11b | |]. | | ŀ |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1041? | • | 12a | | |
| ь | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | • | L | | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | tion A. Governing Body and Management | | | |
|------------|---|----------|--------------|--------------|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body | 5 | | Ė |
| b | Enter the number of voting members that are independent | 5 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | İ |
| | officer, director, trustee, or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | l | ' | 1 |
| | of officers, directors or trustees, or key employees to a management company or other person? | 3_ | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | X | <u> </u> |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | <u> </u> | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the | | | İ |
| | governing body? | 7a | X | |
| Þ | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | Į |
| | by the following: | ' | | É |
| a | The governing body? | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | - |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | 1 |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | L | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | <u> </u> | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, | 1 | i | l |
| | and branches to ensure their operations are consistent with those of the organization? | 10Ь | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| ь | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise | 1 | | 1 |
| | to conflicts? | 12b | - | |
| С | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | ĺ |
| | in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | ├ | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | ĺ |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | ł |
| a | The organization's CEO, Executive Director, or top management official | 15a | | X |
| b | Other officers or key employees of the organization | 15b | ļ | X |
| 4.0 | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| ıba | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 1 | 1 | <u>.</u> |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation | | | 1 |
| | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's | 1 | } | ł |
| 500 | exempt status with respect to such arrangements? | 16b | <u>i</u> | L |
| <u>Sec</u> | tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab | la fa- | | |
| 10 | public inspection. Indicate how you make these available. Check all that apply. | ie iui | | |
| | Own website Another's website X Upon request | | | |
| 10 | ' ' | E- | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, | and fina | uicial | |
| 20 | statements available to the public | L | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organize Theresa Bacholzky - (773) 404-4056 | ation: | | |
| | 1060 West Addison Street, Chicago, IL 60613 | | | |
| | TOOL WELFOUR PETERS, CHICAGO, IL DUDIS | | | |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| Check this box if the organization did in (A) | (B) | (C) | | | | | | (D) | (E) | (F) |
|---|----------------------|--------------------------------|-------------------------|----------|---------------|------------------------------|--------|---|--|--|
| Name and Title | Average | | Position (check all the | | | | | Reportable | Reportable | Estimated |
| | hours per week | _ | | all | | | | compensation from the organization | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the |
| | | Individual trustee or director | Institutional trustee | Officer | Кву еттріоуве | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2 1033 WIGO) | organization and related organizations |
| Laura Ricketts | | | | | | | | | | |
| Director | 1.00 | х | <u> </u> | | | | | 0. | 0. | 0 |
| Tom Ricketts | | | | [- | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | 0 |
| Todd Ricketts | | | | | | | | | | |
| Director | 1.00 | x | | ŀ | | L | l | 0. | 0. | 0 |
| J. Peter Ricketts | | | | | | | | | | |
| Director | 1.00 | x | | | | | | 0. | 0. | 0 |
| Crane H. Kenney | | | | | Γ | Π | | | | |
| President | 1.00 | | | x | | | | 0. | 0. | 0 |
| Michael Lufrano | | | | | | | | | | |
| Secretary | 1.00 | | } | x_ | | | | 0. | 0. | 0 |
| Jodi Reischl | | |] | | | Γ | | | . = | |
| Treasurer | 1.00 | | <u> </u> | x | | | | 0. | 0. | 0 |
| Mark McGuire | | | | | | | | | | |
| Vice President | 1.00 | - | - | X | - | \vdash | _ | 0. | 0. | 0 |
| | | | - | _ | _ | | _ | | | |
| - | | | - | \vdash | _ | | | | | |
| | | | - | - | _ | | | | | |
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| orm 990 (2009) Chicago Cubi Part VII Section A. Officers, Directors, T | | mpla | Vee | S. a | nd H | liah | est | Compensated Employ | ees (continued) | | | | ge E |
|---|----------------------|--------------------------------|-----------------------|------------|------------|---|-------|--|---|-------|---|---|------------------|
| (A) Name and title | (B) Average | | | (C Posi | ;) tion | | _ | (D) Reportable compensation | (E) Reportable compensation | | (I Estin | | - |
| | hours per week | individual trustee or director | Institutional trustee | Officer | | Highest compersated Complexes Complete | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC |) | ot compe | her insat n the ization elate | lion on ed |
| | | | | | | | | | | | - | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1b Total | | | | | | > | | 0. | | 0. | | | |
| Total number of individuals (including but compensation from the organization | not limited to | those | list | ed a | bove | e) wi | no r | eceived more than \$100 | 0,000 in reportable | | - | | |
| 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for | | | e, ke | y en | plo | y ee , | or h | nighest compensated ei | mployee on | [" | | 'es | No X |
| 4 For any individual listed on line 1a, is the and related organizations greater than \$1 | sum of reporta | ble c | | | | | | | the organization | - | 4 | | × |
| 5 Did any person listed on line 1a receive of the organization? If "Yes," complete Sche | r accrue comp | ensat | lon | | | | | | rices rendered to | | 5 | | х |
| Section B. Independent Contractors 1 Complete this table for your five highest of | compensated in | ndep | ende | ent c | onti | racto | ors t | that received more than | \$100,000 of comp | ensat | on fro | m_ | |
| the organization. NONE (A) Name and busines | ss address | | | | | | | (B) Description of | services | Col | (C) | atio | |
| That is a second | | | | | | | | Decemplion of | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | <u></u> |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | _ | | |
| | | | | | | | | | | | · | | |
| Total number of independent contractors | (including but | not l | mite | ed to | the | se li | sted | d above) who received r | nore than | | | | |

| | | | | Cubs Charit | ies | | , | 36-3443543 | Page 9 |
|--|-------------|-------------|--|---|---|-------------------------------|--|---|---|
| Pa | rt i | Y II | Statement of Rever | nue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | 1 | b c d | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, grits, gran | · | | | | | |
| Contribu | | | similar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f | | 633,386. | 633,386, | , | , | |
| Program Service Revenue | 2 | | Meet the Team Message Board Pees Programs Revenue | | Business Code 900099 900099 900099 | 86,120. 67,560. 43,156. | 86,120. 67,560. 43,156. | | |
| Pro | | e f a | All other program service reverse. Total. Add lines 2a-2f | enue | • | 16,408. 213,244. | 16,408. | | |
| | 3 4 5 | , | Investment income (including other similar amounts) Income from investment of ta Royalties | x-exempt bond p | est, and | 1,834. | | | 1,834. |
| | | a b c | Gross Rents Less. rental expenses Rental income or (loss) Net rental income or (loss) | (i) Real | (ii) Personal | | | | |
| | 7 | b | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) | (i) Securities | (ii) Other | | | | |
| Other Revenue | 8 | d | Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 | of | 237,786. | | | | • |
| Oth | 9 | c a | Less: direct expenses Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses | b draising events ctivities. See a | 36,673. | 201,113. | 201,113. | | |
| | 10 | c a b | Net income or (loss) from gam Gross sales of inventory, less and allowances Less: cost of goods sold | returns a | > | | | | |
| | 11 | | Net income or (loss) from sale Miscellaneous Revenu | - | Business Code | | | | |
| 93200 02-04- | 12 9 | d e | All other revenue Total. Add lines 11a-11d Total revenue. See instructions | | > | 1,049,577. | 414,357. | 0. | 1,834. |

36-3443543

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| | , All other digenizations must comp | note column pay out ore | mot required to compr | (2) | |
|----|--|-------------------------|------------------------------------|---|---|
| | 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 | | | 3 | |
| | organizations in the U.S. See Part IV, line 21 | 330,284. | 330,284. | · | , |
| 2 | Grants and other assistance to individuals in | | | | , , , , , , |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| • | organizations, and individuals outside the U.S. | | | | |
| | See Part IV, lines 15 and 16 | | | : | |
| 4 | Benefits paid to or for members | | | | ************************************** |
| 5 | • | | | | |
| 3 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | = | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| ь | Legal | | | | |
| С | Accounting | 8,800, | 8,800. | | |
| ď | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | ······································ | |
| f | Investment management fees | | | | |
| g | Other | 7,963. | 7,963. | | |
| 12 | Advertising and promotion | 7,303. | 7,303. | | |
| 13 | Office expenses | <u> </u> | | | |
| | • | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | <u> </u> | | | |
| 17 | Travel . | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | <u></u> | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | · · · · - · · · · · · · · · · | |
| 23 | Insurance | | | | |
| 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 | Meet the Team Charges | 7,973, | 7,973. | | |
| ь | Messageboard Expense | 1,161, | 1,161. | | |
| c | | | | | |
| ď | | <u> </u> | | | |
| e | | <u> </u> | | | |
| f | All other expenses | 1 022 | 1 70 77 | | |
| | All other expenses | 1,973. | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 358,154. | 358,154. | 0. | 0. |
| 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 | <u> </u> | | | |

Balance Sheet

Part X

(A) **(B)** End of year Beginning of year Cash · non-interest-bearing 1 2 Savings and temporary cash investments 287,049 2 1,462,369. 3 Pledges and grants receivable, net 3 Accounts receivable, net 126,332. 333.052 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 Inventories for sale or use Prepaid expenses and deferred charges 9 6,267. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 620,101 16 1,594,968. 17 Accounts payable and accrued expenses 11,667 17 113,064. 18 Grants payable 18 19 Deferred revenue 19 182,047. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 11,667 295,111. Organizations that follow SFAS 117, check here X and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 608,434 27 1,299,857. 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 608,434. 33 1,299,857. Total liabilities and net assets/fund balances 620,101 34 1,594,968.

Form 990 (2009)

| Form | 990 (2009) Chicago Cubs Charities 36 | -3443543 | ·Pa | ge 12 |
|------|--|----------|-----|--------------|
| Pa | rt XI Financial Statements and Reporting | | | |
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | 1 | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | x |
| b | Were the organization's financial statements audited by an independent accountant? | . 2b | х | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud | dit, | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | 2c | | x |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule | o. | | |
| đ | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on | a | 1 | ľ |
| | consolidated basis, separate basis, or both: | • | • | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | 1 | 1 | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A | Audit | l | 1 |
| | Act and OMB Circular A-133? | . 3a | | х |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a | audit | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | Зь | 1 | 1 |

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

2009

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2009

Name of the organization

Chicago Cubs Charities Employer identification number 36-3443543

| Part I | Reason | or Public Char | ity Status (All organiz | ations mu | st complet | e this part | .) See inst | ructions. | | | | | | |
|-----------|---|------------------------|--|---------------|--|---|--------------|---|--|-----------------|---------|------------------|--|--|
| The organ | ization is not a | private foundation I | because it is: (For lines 1 | through 1 | 1, check d | only one b | ox.) | | | | | | | |
| 1 🔲 | A church, cor | vention of churches | s, or association of chure | ches desci | nbed in se | ction 170 | (b)(1)(A)(ī) | • | | | | | | |
| 2 🔲 | A school des | cribed in section 17 | 0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | | | |
| з 🔲 | A hospital or | a cooperative hospit | tal service organization o | described i | n section | 170(b)(1)(| A)(iii). | | | | | | | |
| 4 | A medical res | earch organization of | operated in conjunction | with a hos | pital descr | ibed ın se | ction 170 | (b)(1)(A)(ii | i). Enter ti | he hospital' | s nam | Θ, | | |
| | city, and state | | | | | | | | | | | | | |
| 5 🔲 | An organizati | on operated for the | benefit of a college or ur | niversity ov | vned or op | erated by | a governr | nental unr | describe | ed in | | | | |
| | | (b)(1)(A)(iv). (Comple | | • | - | | | | | | | | | |
| 6 🔲 | A federal, sta | te, or local governm | ent or governmental unit | t described | d in sectio | n 170(b)(1 |)(A)(v). | | | | | | | |
| 7 | - | • | eives a substantial part | | | | | r from the | general p | oublic desc | ibed ı | n | | |
| | = | b)(1)(A)(vi). (Comple | | | | | | | | | | | | |
| 8 🔲 | - | | ection 170(b)(1)(A)(vi). | (Complete | Part II.) | | | | | | | | | |
| 9 X | An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from | | | | | | | | | | | | | |
| | activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment | | | | | | | | | | | | | |
| | income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. | | | | | | | | | | | | | |
| | | | • | | , | | | , | | | | | | |
| 10 | See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). | | | | | | | | | | | | | |
| 11 🗔 | - | | perated exclusively for the | • | • | | | | v out the | purposes o | f one (| or | | |
| | | | ations described in secti | | | | | | | | | | | |
| | | | organization and compl | | | | , | • | | | | | | |
| | a Type ! | ·· | ¬ ~ | | e III - Func | | egrated | | d □ | Type III - C | Other | | | |
| e 🗀 | • • • | | at the organization is not | • | | • | _ | more dis | gualified r | • - | | n | | |
| | | | han one or more publich | | | | | | | | | | | |
| f | | = - | ten determination from t | | - | | | | (-)(-) | | | | | |
| • | _ | ganization, check th | | | | ,,,,,, | , , , , | | | | | | | |
| 9 | | - | organization accepted ar | nv aift or c | ontribution | from any | of the folk | owing per | sons? | | | | | |
| • | _ | | lirectly controls, either al | | | - | | | | | Yes | No | | |
| | | | upported organization? | | | , | | | ,, | 11g(i) | | | | |
| | | | n described in (i) above? | • | | | | | | 11g(ii) | | | | |
| | | • | person described in (i) | | э? | | | | | 11g(iii) | | i | | |
| h | <u> </u> | • | about the supported or | • • | | | | | | التجفنيا | | 4 , . | | |
| ••• | , | | шоот по обрролог от | 94 | (-). | | | | | | | | | |
| • • • | of supported anization | (ii) EIN | (iii) Type of organization (described on lines 1-9 | in col (i) li | organization sted in your document? | (v) Did you notify the organization in col (i) of your support? | | (vi) Is organizati (i) organiz U S | on in col ed in the | (vii) An sup | ount o | ıf | | |
| | | | above or IRC section (see instructions)) | Yes | No | Yes | No | Yes | No | | | | | |
| | | | (000 | | | | | - | | | | | | |
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| Total | | | | | - | | | | | | | | | |

Form 990 or 990-EZ.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008(e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 **(b)** 2006 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

Schedule A (Form 990 or 990-EZ) 2009

17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

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

and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009 Chicago Cubs Charities 36-3443543 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (e) 2009 (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 633,386 1,640,969. 230,097 374,969 175,101 227,416 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the 847,428 451,578 1,299,006. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 227,416 230,097 374,969 1,022,529 1,084,964 2,939,975. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 370,672 370,672. 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 0. amount on line 13 for the year c Add lines 7a and 7b 370,672 370,672. 8 Public support (Subtract line 7c from line 6) 2,569,303. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total **(b)** 2006 9 Amounts from line 6 227,416 230,097 374,969 1,022,529 1,084,964 2,939,975. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,937 1,834 and income from similar sources 134 241 1,251 5,397. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 134 241 1,251 1,937 1,834 5,397. 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 loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12) 227,550. 230,338. 376,220. 1,024,466 2.945,372. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 87,23 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 99.81 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 .18 % 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17 %

| 20 | Private foundation. | If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | ▶ | |
|----|---------------------|--|--------|----------|
| | | Schoolule A /Form 990 or 990. E | 77 204 | <u>~</u> |

▶ x

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

| Name | of the organization | | Employer identification number |
|------|---|---|---|
| n - | Chicago Cubs Charities | d Founds and Other Circling Fo | 36-3443543 |
| Parl | | | nus or Accounts. Complete if the |
| | organization answered "Yes" to Form 990, Part IV, lin | ne 6. (a) Donor advised funds | (b) Funds and other accounts |
| 4 | Total number at end of year | (6) 501101 0011000 101100 | (4, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | Total number at end of year | | |
| | Aggregate contributions to (during year) | | |
| | Aggregate grants from (during year) | | |
| | Aggregate value at end of year | Lumbra Ab Ab Aba assata baldin dasar | Advisor friends |
| | Did the organization inform all donors and donor advisors in | _ | Yes No |
| | are the organization's property, subject to the organization's | <u> </u> | |
| | Did the organization inform all grantees, donors, and donor | | |
| | for charitable purposes and not for the benefit of the donor | or donor advisor, or for any other purp | ose contenting Yes No |
| Pari | impermissible private benefit? | representation and very distance of the Form Of | |
| | | | 90, Fait IV, lille 7. |
| 1 | Purpose(s) of conservation easements held by the organization of lead for sub-linear forms | | - buttereally reported land area |
| | Preservation of land for public use (e.g., recreation or | · — | n historically important land area |
| | Protection of natural habitat | Preservation of a | certified historic structure |
| 2 | Preservation of open space | Island appropriation contribution in the | form of a concentration assessment on the last |
| | Complete lines 2a through 2d if the organization held a qual | imed conservation contribution in the I | Only of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Yea |
| • | Total number of conservation easements | | 2a |
| | Total acreage restricted by conservation easements | • | 2b |
| | Number of conservation easements on a certified historic st | tructure included in (a) | 2c |
| | Number of conservation easements included in (c) acquired | • • | 2d |
| | Number of conservation easements included in (c) acquired Number of conservation easements modified, transferred, re | | \ |
| | year ► | eleased, extinguished, or terminated c | y the organization during the tax |
| | Number of states where property subject to conservation ea | asement is located | |
| | Does the organization have a written policy regarding the pe | | g of |
| | violations, and enforcement of the conservation easements | • • | Yes N |
| | Staff and volunteer hours devoted to monitoring, inspecting | | |
| | Amount of expenses incurred in monitoring, inspecting, and | - | |
| | Does each conservation easement reported on line 2(d) abo | | |
| | and section 170(h)(4)(B)(ii)? | ove sallery life requirements of escale. | Yes N |
| | In Part XIV, describe how the organization reports conserva | ition easements in its revenue and exc | |
| | include, if applicable, the text of the footnote to the organization | · | |
| | conservation easements. | | |
| Par | III Organizations Maintaining Collections | of Art, Historical Treasures, o | or Other Similar Assets. |
| | Complete if the organization answered "Yes" to Form | n 990, Part IV, line 8. | |
| | | | |
| 1a | If the organization elected, as permitted under SFAS 116, n | ot to report in its revenue statement a | nd balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, | education, or research in furtherance of | of public service, provide, in Part XIV, the text |
| | the footnote to its financial statements that describes these | | |
| b | If the organization elected, as permitted under SFAS 116, to | o report in its revenue statement and t | palance sheet works of art, historical treasures |
| | or other similar assets held for public exhibition, education, | or research in furtherance of public se | ervice, provide the following amounts relating t |
| | these items: | • | - |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | > \$ |
| | (ii) Assets included in Form 990, Part X | _ | > \$ |
| 2 | If the organization received or held works of art, historical tr | reasures, or other similar assets for fin- | · |
| | the following amounts required to be reported under SFAS | | . |
| | Revenues included in Form 990, Part VIII, line 1 | | ▶ \$ |
| h | Assets included in Form 900. Part Y | | > • |

| | | s Charities | | | | | | 443543 | | age 2 |
|------|--|--------------------------------|--------------------|---|---------------------|---|---|--------------|--------------|------------|
| Pa | rt III Organizations Maintaining C | ollections of A | rt, His | torical Tr | reasures, | or Oth | er Similar A | ssets (con | tinued) | |
| 3 | Using the organization's acquisition, accessi | | | | | | | | | |
| | (check all that apply): | | | | | | | | | |
| а | Public exhibition | (| . \square | Loan or exc | change progr | rams | | | | |
| ь | Scholarly research | | | Other | | | | | | |
| c | Preservation for future generations | | | *************************************** | | | | ·········· | | |
| 4 | Provide a description of the organization's co | ollections and expla | in how ti | hev further t | the organizat | ion's ex | empt purpose in | Part XIV. | | |
| 5 | Dunng the year, did the organization solicit o | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | | | | | 101 3111110 | 455515 | Yes | |] No |
| Pa | rt 🚺 Escrow and Custodial Arran | gements. Compl | | | | s' to Fo | rm 990, Part IV, | | | |
| 4 - | reported an amount on Form 990, Pa | | | | | | | | | |
| 18 | Is the organization an agent, trustee, custodi | ian or other interme | diary for | contribution | ns or other a | ssets no | t included | | | ٦ |
| _ | on Form 990, Part X? | ******* | | | | | | Yes | L_ | _] No |
| Ь | If "Yes," explain the arrangement in Part XIV | and complete the fo | ollowing | table: | | | | | | |
| | | | | | | | <u> </u> | Amour | <u>it</u> | |
| С | Beginning balance | | | | | | 1c | | | |
| d | Additions during the year | - | | | | | 1d | | | |
| 8 | Distributions during the year | | | • | • | | 1e | | | |
| f | Ending balance | | | | | | 11 | | | |
| 2a | Did the organization include an amount on Fe | orm 990, Part X, line | 21? | | | | | Yes Yes | |] No |
| b | If "Yes," explain the arrangement in Part XIV. | | | | | | | | | |
| Pa | rt V Endowment Funds. Complete r | f the organization ar | nswered | "Yes" to Fo | orm 990, Parl | IV, line | 10. | | | |
| | | (a) Current year | (b) F | nor year | (c) Two year | rs back | (d) Three years | back (e) Fou | r years | back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | ********* |
| С | Net investment earnings, gains, and losses | | | | <u> </u> | ······································ | | | | |
| d | Grants or scholarships | | İ | | | | | | ********* | ********** |
| е | Other expenditures for facilities | | | | | ····· | | | ********* | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| a | End of year balance | | | - | | | | | | |
| 2 | Provide the estimated percentage of the year | r and halance hald : | | | <u> </u> | | | | | |
| а | Board designated or quasi-endowment | TOTO DUIGITOS TICIO (| ա % | | | | | | | |
| b | Permanent endowment | % | _~ | | | | | | | |
| - | | /\\ % | | | | | | | | |
| | Are there endowment funds not in the posse | • • | otion the | nt ava balal a | | | | | | |
| | by: | ssion or the organiz | auon m | at are neid a | ino auministi | ered tor | me organization | 1 | T | |
| | (i) unrelated organizations | | | | | | | 6.5 | Yes | No |
| | (ii) related organizations | | | | | - | | 3a(i) | \vdash | |
| h | | | 0:1 | PO | | | | 3a(ii) | ├ | |
| 4 | If "Yes" to 3a(ii), are the related organizations Describe in Part XIV the intended uses of the | | | | | | | 3ь | | |
| | t VI Investments - Land, Building | organization's end | owment | tunas. | D 1 V C | 40 | | | | |
| 4-1 | ······································ | · · | | | | | | | | |
| | Description of investment | (a) Cost or of basis (investre | | 1 ' ' | or other (other) | l ''. | ccumulated preciation | (d) Boo | k value | Ð |
| | Land | | | | | | | | | |
| | Buildings | | | | | | | | | |
| C | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | | | | | | |
| е | Other | | | | | | · | | | |
| otal | . Add lines 1a through 1e (Column (d) must e | qual Form 990, Part | X, colur | nn (B), line 1 | 10(c).) | | • | | | 0. |
| | · - | | | | | | | **** | | |

Schedule D (Form 990) 2009

| chedule D (Form 990) 2009 Chicago Cubs Char Part VIII Investments - Other Securities. See | | 12 | | 443543 Page |
|--|--------------------------|--------------------------|---|---------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | | (c) Method of valuat t or end-of-year mark | |
| nancial derivatives | | | | |
| losely-held equity interests | | | | |
| ther | | | | |
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| | | | | |
| otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. Se | - Form 000 Port V line | .12 | | |
| | | | (c) Method of valua | tion: |
| (a) Description of investment type | (b) Book value | | t or end-of-year mark | |
| | | | <u>. </u> | |
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| | | | | |
| otal. (Col (b) must equal Form 990, Part X, col (B) line 13) | | | | |
| Part IX Other Assets. See Form 990, Part X, line | 15 | <u>L</u> | | |
| | Description | | | (b) Book value |
| | | | | |
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| | ···· | | | |
| | | | | |
| otal. (Column (b) must equal Form 990, Part X, col (B) line | 151 | | • | |
| Part X Other Liabilities. See Form 990, Part X, | | | | |
| (a) Description of liability | | (b) Amount | | * |
| ederal income taxes | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | - | | | |
| | | | | |
| | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | | | | |
| | tnote to the organizatio | n's financial statements | that reports the org | anization's liability for |
| 2. FIN 48 Footnote. In Part XIV, provide the text of the foo incertain tax positions under FIN 48 | | n's financial statements | that repo | orts the org |

| ******* | dule D (Form 990) 2009 Chicago Cubs Charities | | | 36-3443543 | Page 4 |
|------------------|--|----------------|---------------------------------------|----------------|-----------------|
| Pa | Reconciliation of Change in Net Assets from Form 990 to | <u>Audited</u> | Financial State | ments | |
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | | 1 | | 1,049,577. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | | 2 | | 358,154. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | | 3 | | 691,423. |
| 4 | Net unrealized gains (losses) on investments | | . 4 | | <u> </u> |
| 5 | Donated services and use of facilities | | 5 | | |
| 6 | Investment expenses | | . 6 | | |
| 7 | Prior period adjustments | | . 7 | | |
| 8 | Other (Describe in Part XIV.) | | 8 | | |
| 9 | Total adjustments (net). Add lines 4 through 8 | | 9 | | 0. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and | | 10 | | 691,423. |
| Pai | t XII Reconciliation of Revenue per Audited Financial Statemen | nts With | Revenue per R | eturn | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,103,989. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| 8 | Net unrealized gains on investments | 2a | | [] | |
| b | Donated services and use of facilities | 2b | 17,739. | | |
| C | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | | | |
| _ | Add lines 2a through 2d | | | 2e | 17,739. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,086,250. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1.1 | | | |
| a - | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | [| |
| b | Other (Describe in Part XIV.) | 4b | <36,673. | 1 . | |
| С 5 | Add lines 4a and 4b | | | 4c | <36,673. |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) **EXIII Reconciliation of Expenses per Audited Financial Statement | nte Wit | h Evnoness por | Botumo | 1,049,577. |
| 1 | Total expenses and losses per audited financial statements | HITZ AAIT | ir Experises per | T | 412 565 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | 1 | 412,566. |
| a | Donated services and use of facilities | 20 | 17,739. | † | |
| ь | Prior year adjustments | 2b | 17,733. | 1 | |
| c | Other losses | 2c | | 1 | |
| d | | 2d | 36,673. | 1 1 | |
| | Add lines 2a through 2d | | 30,073 | 2e | 54,412. |
| 3 | Subtract line 2e from line 1 | | | 3 | 358,154. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | - - | 330,130. |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| | Other (Describe in Part XIV.) | 4b | | 1 | |
| | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | | 5 | 358,154. |
| Pai | t XIV Supplemental Information | | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III | , lines 1a a | nd 4; Part IV, lines 1 | b and 2b; Part | V. line 4; Part |
| | e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl | | | | |
| | X: No statement regarding FIN 48 was included in the 2009 | · | , , | | |
| | | | | | |
| audi | ted financial statements. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part | XII, Line 4b - Other Adjustments: | | | | |
| | | | | | |
| Fund | raising expenses: -36673. | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| | | | | - | |
| _ | W | | | | |
| Part | XIII, Line 2d - Other Adjustments: | | | | |
| | local all an arman are a second | | | | |
| rund | raising expenses: 36673. | | | | |
| 93205- 02-01- | 4_ | | | Schedule D (| Form 990) 2009 |
| U2-01- | 10 | | | | |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treesury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2009

Open To Public Inspection

Employer identification number Name of the organization Chicago Cubs Charities 36-3443543 Fundraising Activities, Complete if the organization answered 'Yes' to Form 990, Part IV, line 17, Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or 7 No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did tundralser have custody or control of contributions (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Ye<u>s</u> No 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ) 2009

| تست | 4 4 1 | on Form 990-EZ, line 6a. List events with | _ | | 17, 1110 10, 01 10 001100 | more intarre | , | |
|---------------------|----------|---|----------------------------|--|---------------------------|--|--------------|--|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Tota | | |
| | | | • | | | (add col. | | |
| | | | Wrigleyville 5K | Catch with Dad | 1 | 1 | . (c)) | og., |
| 9 | | | (event type) | (event type) | (total number) | | | |
| Revenue | | | | | | | | |
| æ | 1 | Gross receipts | 88,146. | 112,026. | 37,614. | | 237 | 786. |
| | 2 | Less: Charitable contributions | | | | | | |
| | - | 2000. Onamable of milothons | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 88,146. | 112,026. | 37,614. | | 237 | 786. |
| | 4 | Cash prizes | | | | | , | |
| w | 5 | Noncash prizes | | | | | | |
| nse | | , , , , , , , , , , , , , , , , , , , | | | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | ļ | | |
| rect | 7 | Food and beverages | | | | | | |
| ۵ | | | | | | | | |
| | 8 | Entertainment | | | | | | |
| | 9 | Other direct expenses | 10,407. | 21,969. | 4,570. | | | 946. |
| | 10 11 | | | | | <u> </u> | | 946) 840. |
| Pa | | Gaming. Complete if the organization | | 990, Part IV, line 19, or r | eported more than | <u> </u> | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total g | | |
| eve. | | | | | | | | |
| <u></u> | 1 | Gross revenue | | | | | | |
| | | | | | | | | |
| 888 | 2 | Cash prizes | | | | | | |
| Se ii | 3 | Noncash prizes | | | | | | |
| $\overline{\Omega}$ | " | Noncasii prizes | | | | | - | |
| Direct Expenses | 4 | Rent/facility costs | | | | | | |
| | 5 | Other direct expenses | | | | | | |
| | | | Yes % | Yes % | Yes % | | | ······································ |
| | 6 | Volunteer labor | No No | ☐ No | ☐ No | | | |
| | 7 | Direct expense cummany Add lines 2 through | h E in nahuma (d) | | _ | [, | | , |
| | ' | Direct expense summary. Add lines 2 through | n 5 in column (a) | | | | | 1 |
| _ | 8 | Net gaming income summary. Combine line | 1, column (d), and line 7 | | | | | |
| | | | | | | | Yes | No |
| | | ter the state(s) in which the organization opera | | | | | | } |
| | | the organization licensed to operate gaming at No," explain: | ctivities in each of these | states? | | 9a | | .,, |
| U | ' 11 | но, ехрап. | | | | t | | |
| | _ | | | | | | | ŀ |
| 10a | We | ere any of the organization's gaming licenses re | evoked, suspended or te | erminated during the tax y | /ear? | 10a | | |
| b | if " | Yes," explain: | | | | | | |
| | _ | | | | | ŀ | | |
| 11 | <u>D</u> | es the organization operate gaming activities v | with nonmembers? | | | 11 | | |
| 12 | | the organization a grantor, beneficiary or truste | | r of a partnership or other | r entity formed to | ļ | | <u> </u> |
| | | minister charitable gaming? | | | , | 12 | | |
| | | | | | | | | |

| Schedule G (Form 990 or 990-EZ) 2009 Chicago Cubs Charities 36 | 6-3443543 | · Pa | age 3 |
|---|-----------|------|----------|
| | | Yes | No |
| 13 Indicate the percentage of gaming activity operated in: | | | |
| a The organization's facility 13a | - % | | , |
| b An outside facility | %^^ | | Î ^ |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: | : | | 1 |
| Name ▶ | | | |
| Address | | | |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | . 15a | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount | t | | |
| of gaming revenue retained by the third party > \$ | ŀ | 1 | |
| c If "Yes," enter name and address of the third party: | | | , |
| Name ▶ | | | |
| Address ▶ | | | |
| 16 Gaming manager information: | - | | |
| Name ▶ | | | |
| Gaming manager compensation ▶ \$ | ŀ | | |
| Description of services provided ▶ | | | |
| | | | |
| Director/officer Employee Independent contractor | | | |
| 17 Mandatory distributions: | ļ | | |
| a is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| retain the state gaming license? | 17a | ļ | <u> </u> |
| b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t | the | | |
| organization's own exempt activities during the tax year ▶ \$ | I | | |

General Information on Gra Does the organization maintain received Chicago Ct Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Parti

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

| EDULE 1 n 990) | Grants and Other Assistance to Organizations, Governments, and Individuals in the United States | 2009 |
|---|--|--------------------------------|
| ment of the Treasury Revenue Service | Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. | Open to Public Inspection |
| e of the organization | | Employer identification number |
| | Chicago Cubs Charities | 36-3443543 |
| ti General Ir | General Information on Grants and Assistance | |
| Does the organiz | Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection | |
| cnteria used to a | criteria used to award the grants or assistance? | X Yes No |
| Describe in Part | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | |

| recipient mat received more than \$5,000. Check this box it no one recipient received more than \$5,000. Use har it vand Schedule in (Form 990) if adoitional space is needed | \$5,000. Check in | s box if no one recipier | It received more th | an \$5,000. Use Pa | Mathod of | (Form 99U) II addition | al space is needed |
|---|---------------------|-------------------------------|-----------------------------|-----------------------------------|---|--|---------------------------------------|
| (a) Name and address of organization or government | (g) | (c) INC section if applicable | (a) Amount of cash grant | (e) Amount of non-cash assistance | valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (n) Purpose of grant or assistance |
| AIDS Foundation of Chicago 200 W Jackson Blvd. Ste 2200 Chicago IL 60606 | 36-3412054 | 501(c)(3) | 000 05 | 0 | | | General support |
| Chicago Gateway Green 200 E Randolph St Ste 2200 Chicago, IL 60601 | 36-3764084 | 501(c)(3) | 35,000. | 0 | | | General support |
| Louis Agassiz School 2851 North Seminary Ave Chicago, IL 60657 | 36-6005821 | 501(c)(3) | 25,000. | .0 | | | General support |
| Dominican Foundation 4744 Hall Road Orlando, FL 32817 | 65-0263936 | 501(c)(3) | .000,02 | 0 | | | General support |
| JDRF Illinois 500 M Dearborn Chicago, IL, 60610 | 22-2519615 | 501(c)(3) | 20,000. | 0. | | | General support |
| Baseball Assistance Team 245 Park Ave New York, NY 10167 | 13-3355155 | 501(c)(3) | 13,450. | .0 | | | General support |
| Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations | ind government or s | ganizations | | | | | ▲ ▲ |

Schedule I (Form 990) 2009

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

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047
2009
Open to Public Inspection

(h) Purpose of grant or assistance Employer identification number General support General support General support General support 36-3443543 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) appraisal, other) (f) Method of valuation (book, FMV, ö °. ö ö (e) Amount of non-cash assistance (d) Amount of cash grant 13,450 10,000 10,000 9,510 (c) IRC section if applicable 51-0508733 501(c)(3) 36-3958347 501(c)(3) 13-5644916 501(c)(3) 501(c)(3) 20-0240072 (P) EIN Chicago Cubs Charities Inter-American Magnet School (a) Name and address of organization or government Leukemia/Lymphoma Society Friends of Blaine School White Plains, NY 10605 1311 Mamaroneck Ave Parkways Foundation Name of the organization 541 N Fairbanks Ct Chicago, IL 60613 Chicago, IL 60613 Chicago, IL 60611 851 West Waveland 1420 W Grace St

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

Schedule I-1 (Form 990) 2009

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SCHEDULE O (Form 990)

Ricketts, each having one vote.

directors.

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. Inspection **Employer identification number** Name of the organization 36-3443543 Chicago Cubs Charities Form 990, Part VI, Section A, line 2: The following members have a family relationship and serve on the board of Chicago Baseball Holdings, LLC: Laura M. Ricketts, J. Peter Ricketts, Thomas S. Ricketts, and Todd M. Ricketts. Form 990, Part VI, Section A, line 4: The charity was formally under the control of the Chicago National League Ball Club, LLC, owned by the Tribune Company. The Ball Club was sold to Joe and Marlene Ricketts' Granchildren's Trust. Tribune still maintains a 5% interest in the Ball Club. The organizational documents were modified to reflect the new control with new members, directors, and officers being elected and removing any reference to the Tribune in the By-laws. Form 990, Part VI, Section A, line 6: The members are Crane H. Kenney; Laura M. Ricketts; J. Peter Ricketts; Thomas S. Ricketts; and Todd M.

| Form 990, Part VI, Section B, line 11: The Form 990 is prepared by | |
|---|--|
| Deloitte Tax LLP using information provided by the finance department of | |
| Chicago Baseball Holdings, LLC. The completed return is reviewed by the | |
| Pinance Manager and provided to Chicago Cubs Charities Board of Directors | |
| prior to filling. | |

Form 990, Part VI, Section A, line 7a: The members elect the board of

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public inspection

Form 990 or to provide any additional information.

Attach to Form 990. Department of the Treasury Internal Revenue Service

| Name of the organization Chicago Cubs Charities | Employer identification number 36-3443543 |
|--|---|
| Chicago Cubs Chairties | 30-3443343 |
| Porm 990, Part VI, Section C, Line 19: Governing documents not available | |
| to the public. Audited financials are available through the Illinois | |
| Attorney General's office. | |
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| Schedule R, Part V, Line 2, Column (c) | |
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Open to Public Inspection Employer identification number OMB No 1545-0047 36-3443543 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions. Related Organizations and Unrelated Partnerships Chicago Cubs Charities Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets <u>e</u> Total Income Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of disregarded entity Part II Parti

| (a) | (q) | (2) | চ | • | S |
|--|--------------------------------------|---|---------------------|--|------------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Exempt Code section | Public charity status (if section 501(c)(3)) | Direct controlling entity |
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| LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. | ce, see the Instructions for Form 99 | 90. | | | Schedule R (Form 990) 2009 |

Page 2

36-3443543

Schedule R (Form 990) 2009 Chicago Cubs Charities

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

| | | [3 | 5 | | | 9 | 3 | | | | 6 |
|--|---|----------------------------|--|--|------------------------------|--|-----------------------|-----------------------|-----------------------------|-----------|--------------------------------|
| NE poe souppe emen | Primary activity | (C) | (a) Direct controlling | Predomin | Predominant income | (I) Share of total | Share of | (n) | Code V-UB | _ | Jenemalor |
| of related organization | | (state or foreign country) | | (related, excluded fro | | вшоош | end-of-year assets | Yes No | ₩₩Ÿ | | managing partner? Yes No |
| Chicago Baseball Holdings LLC - 27-0508718, 1060 W Addison Street, Chicago, IL 60613 | Sports Franchise | ır | N/A | | - | 0 | | 0 | X N/A | | x |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.) | janizations Taxable as a Con poration or trust during the ta | poration or x year.) | or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related | he organizat | ion answered 'Y | es* to Form 990 |), Part IV, line | 34 becaus | e it had one or | more rela | ated |
| (a) | | | 9 | (0) | (2) | 5 | | E | (8) | | Œ |
| Name, address, and EIN of related organization | Z _ | . <u>.</u> | Primary activity | Legal domicile (state or foreign country) | Direct controlling entity | Type of entity (C corp., S corp. or trust) | | Share of total income | Share of end-of-year assets | Perce | Percentage ownership |
| Tribune Company - 36-1880355 | | | | | | | | | | | |
| 435 N Michigan Ave | | | | | | | | | | | |
| Chicago, IL 60611 | | Publishi | Publishing/Broadcasti | 11 | N/A | S CORP | - | 0 | | 0 | .00% |
| J & M Ricketts Grandchildren ED | Jrust - 37-6410532 | | | | | | | | | | |
| ddisc | | | | | ļ | | | • | | | |
| Chicago, IL 60613 | | Trust | | NE | N/A | TRUST | | o | | | 00. |
| Chicago National League Ball Cl 435 Michigan Ave | Club, LLC - 26-1700347 | -1 | | | | | | | | | |
| Chicago, IL 60611 | | Sports F | Franchise | IL | N/A | C CORP | | 0 | | • | .00 |
| | | | | | | | | | | | • |
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| 932162 02-04-10 | | | 32 | | | | | | Schedule R (Form 990) 2009 | orm 990) |) 2009 |
| | | | | | | | | | | | |

Schedule R (Form 990) 2009 Chicago Cubs Charities

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

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

| that was not a related organization. See instructions regarding exclusion for certain investment partnerships. | dusion for certain investment partner | - | | | | | , | 1 |
|--|---------------------------------------|----------------------------------|---------------------------------------|---------------------------------|-----------------------|--------------------------------|------------------------|----------------------|
| (e) | ② | | ত্ত | | | B | | = |
| Name, address, and EIN | Primary activity | Legal domicile (state or foreign | Are all partners section 501(c)(3) | Share of end-of- vear assets | Dispropor- tionate | Code V-UBI amount in box 20 | General or managing | رة م مارة مارة |
| | | | Yes No | | | (Form 1065) | 1 ' 1 | £ |
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■ 8868 Application for Extension of Time To File a

Form **8868** (Rev. April 2009)

Department of the Treasury Internal Révenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

► X If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. **Employer identification number** Name of Exempt Organization print 36-3443543 Chicago Cubs Charities File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 1060 West Addison Street instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Chicago, IL 60613 Check type of return to be filed (file a separate application for each return): X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 Theresa Bacholzky The books are in the care of > 1060 West Addison Street - Chicago, IL 60613 Telephone No. ▶ (773) 404-4056 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box > . If it is for part of the group, check this box > ... and attach a list with the names and EINs of all members the extension will cover. I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until August 16, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 2009 or , and ending If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) N/A Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)