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Form

**990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

e organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2009 calendar year, or tax year beginning****07/01, 2009, and ending****06/30, 2010****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

**C Name of organization** LAWYERS TRUST FUND OF ILLINOIS

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

TWO PRUDENTIAL PLAZA; 180 N. STETSON AVENUE 820

City or town, state or country, and ZIP + 4

CHICAGO, IL 60601

**F Name and address of principal officer****D Employer identification number**

36-3213132

**E Telephone number**

(312) 938-2906

**G Gross receipts \$** 14,647,097.**H(a) Is this a group return for affiliates?** ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list (see instructions)

**I Tax-exempt status** ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** WWW.LTF.ORG**H(c) Group exemption number****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation** 1981**M State of legal domicile** IL**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
 TO PROVIDE GRANT FUNDS TO ILLINOIS NOT-FOR-PROFIT ORGANIZATIONS  
 PROVIDING LEGAL ASSISTANCE TO THE POOR THROUGHOUT ILLINOIS.

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

|                                                                                        |           |          |
|----------------------------------------------------------------------------------------|-----------|----------|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | <b>9</b> |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | <b>9</b> |
| <b>5</b> Total number of employees (Part V, line 2a)                                   | <b>5</b>  | <b>6</b> |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | <b>9</b> |
| <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b> |          |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                | <b>7b</b> |          |

|                                                                                              | Prior Year | Current Year |
|----------------------------------------------------------------------------------------------|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                       | 0.         | 0.           |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                        | 8,935,295. | 6,362,629.   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 919,329.   | 638,918.     |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 0.         | 0.           |
| <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,854,624. | 7,001,547.   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   | 8,193,685. | 8,100,475.   |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                      | 0.         | 0.           |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 695,337.   | 632,034.     |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11)                      | 0.         | 0.           |
| <b>b</b> Total fundraising expenses, Part IX, column (D), line 25                            | 0.         |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                       | 282,718.   | 755,804.     |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)           | 9,171,740. | 9,488,313.   |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                                | 682,884.   | -2,486,766.  |

|                                                                     | Beginning of Year | End of Year |
|---------------------------------------------------------------------|-------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                            | 18,166,220.       | 16,202,104. |
| <b>21</b> Total liabilities (Part X, line 26)                       | 8,298,019.        | 7,902,333.  |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 9,868,201.        | 8,299,771.  |

**Part II Signature Block****Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions) P00079652

Firm's name (or yours if self-employed), address, and ZIP + 4

OSTROW REISIN BERK & ABRAMS, LTD.  
455 N CITYFRONT PLAZA DR, STE 1500 CHICAGO, IL 60611-5313

EIN

36-2938874

Phone no

312-670-7444

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.\*

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**Part III** Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 3

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code \_\_\_\_\_) (Expenses \$ 9,340,299 including grants of \$ 8,100,475) (Revenue \$ 6,362,629)PROVIDES GRANTS TO NOT-FOR-PROFIT ORGANIZATIONS PROVIDING LEGAL  
ASSISTANCE TO THE POOR THROUGHOUT ILLINOIS**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4d** Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 9,340,299.

**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 . . . . .                                                                                                                   | X   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .                                                                                                                                                                      |     | 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 . . . . .                                                                |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .                                                                                                                  |     | X  |
| 5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .                                       |     |    |
| 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 . . . . .  |     | 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 . . . . .                                      |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .                                                                                                   |     | 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 . . . . . |     | X  |
| 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 . . . . .                                                                                       |     | X  |
| 11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .                                                                                                      | X   |    |
| • 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. . . . .                                                                                             | X   |    |
| 12A Was the organization included in consolidated, independent audited financial statement for the tax year? . . . . .                                                                                                                                          | Yes | No |
| – If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . . . . .                                                                                                                                                                                | X   |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .                                                                                                                                                   |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .                                                                                                                                                       |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I . . . . .                             |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .                                      |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .                                          |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I . . . . .                                                         |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .                                                                     |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .                                                                                               |     | X  |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .                                                                                                                                                                  |     | X  |

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**Part IV Checklist of Required Schedules (continued)**

|                                                                                                                                                                                                                                                                                                                 | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>21</b> Did 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? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .                                                                    | X   |    |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .                                                                                     |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .                                |     | X  |
| <b>24 a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> . . . . . |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .                                                                                                                                                                                            |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .                                                                                                                                                                                      |     |    |
| <b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .                                                                              |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .                  |     | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .                                              |     | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .                      |     | X  |
| <b>28</b> 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)                                                                                                          |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .                                                                                                                                                                              |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .                                                                                                                                                           |     | X  |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .                                                   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .                                                                                                                                                                            |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .                                                                                                            |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .                                                                                                                                                                  |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .                                                                                                                                                |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .                                                                                                |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .                                                                                                                                                   |     | X  |
| <b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .                                                                                                                                             |     | X  |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .                                                                                                     |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .                                                       |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                          | X   |    |

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**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.

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                        | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body . . . . .                                                                                                                                                           | 9   |    |
| <b>b</b> Enter the number of voting members that are independent . . . . .                                                                                                                                                             | 9   |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               |     | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . |     | X  |
| <b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .                                                                                               |     | X  |
| <b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .                                                                                                             |     | X  |
| <b>6</b> Does the organization have members or stockholders? . . . . .                                                                                                                                                                 |     | X  |
| <b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                        |     | X  |
| <b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .                                                                                                             |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .                                                                                    |     |    |
| <b>a</b> The governing body? . . . . .                                                                                                                                                                                                 | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               |     | X  |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .        | X   |    |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                                   | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                          |     | X  |
| <b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .                                                                             |     |    |
| <b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .                                                                                                                                                                            | X   |    |
| <b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .                                                                                                                                                                                                 |     |    |
| <b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                     | X   |    |
| <b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                              | X   |    |
| <b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .                                                                                                                                             | X   |    |
| <b>13</b> Does the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                    | X   |    |
| <b>14</b> Does the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                               | X   |    |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .                                                                          |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                         | X   |    |
| <b>b</b> Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                            |     | X  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .                                                                                                                                                                                                                      |     |    |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                        |     | X  |
| <b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |

**Section C. Disclosure**

**17** 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) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► RUTH ANN SCHMITT 180 NORTH STETSON AVENUE CHICAGO, IL 60601  
 312-938-2906

**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 not compensate any current officer, director, or trustee

| (A)<br>Name and Title                         | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                               |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| HERB FRANKS<br>DIRECTOR                       | 2.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| HONORABLE MICHAEL B. HYMAN<br>DIRECTOR        | 2.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| J. TIMOTHY EATON<br>PRESIDENT                 | 2.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JOHN C. ANDERSON<br>DIRECTOR                  | 2.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| LEONARD J. SCHRAGER<br>DIRECTOR               | 2.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| JOSEPH B. MCDONNELL<br>DIRECTOR               | 2.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| HELEN E. OGAR<br>VICE PRESIDENT               | 2.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| RICHARD J. PRENDERGAST<br>SECRETARY/TREASURER | 2.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| ELIZABETH HOSKINS DOW<br>DIRECTOR             | 2.00                          | X                                      |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| RUTH ANN SCHMITT<br>EXECUTIVE DIRECTOR        | 40.00                         |                                        |                       |         |              | X                            |        | 119,112.                                                             | 0.                                                                        | 26,965.                                                                                       |
| MARK MARQUARDT<br>DEPUTY DIRECTOR             | 40.00                         |                                        |                       |         |              | X                            |        | 104,500.                                                             | 0.                                                                        | 26,667.                                                                                       |
| TERRI SMITH<br>DIRECTOR OF BANKING/MIS        | 40.00                         |                                        |                       |         |              | X                            |        | 102,000.                                                             | 0.                                                                        | 17,560.                                                                                       |
|                                               |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                               |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                               |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                               |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                               |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                               |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |



**Part VIII Statement of Revenue**

36-3213132

|                                                                                                                                                      |                                                                                              |                                                                                                                  |                      | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512, 513, or 514 |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------|
| <b>Contributions, gifts, grants<br/>and other similar amounts</b>                                                                                    | <b>1a</b> Federated campaigns . . . . .                                                      | <b>1a</b>                                                                                                        |                      |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>b</b> Membership dues . . . . .                                                           | <b>1b</b>                                                                                                        |                      |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>c</b> Fundraising events . . . . .                                                        | <b>1c</b>                                                                                                        |                      |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>d</b> Related organizations . . . . .                                                     | <b>1d</b>                                                                                                        |                      |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>e</b> Government grants (contributions) . .                                               | <b>1e</b>                                                                                                        |                      |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>f</b> All other contributions, gifts, grants,<br>and similar amounts not included above . | <b>1f</b>                                                                                                        |                      |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>g</b> Noncash contributions included in lines 1a-1f \$                                    |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>h</b> Total. Add lines 1a-1f . . . . .                                                    |                                                                                                                  |                      | 0                    |                                                    |                                         |                                                                           |
| <b>Program Service Revenue</b>                                                                                                                       | <b>2a</b> IOLTA INCOME                                                                       | <b>Business Code</b>                                                                                             | 900099               | 3,651,029            | 3,651,029                                          |                                         |                                                                           |
|                                                                                                                                                      | <b>b</b> LEGAL AID FEES                                                                      |                                                                                                                  | 900099               | 2,711,600            | 2,711,600                                          |                                         |                                                                           |
|                                                                                                                                                      | <b>c</b>                                                                                     |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>d</b>                                                                                     |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>e</b>                                                                                     |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>f</b> All other program service revenue . . . .                                           |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>g</b> Total. Add lines 2a-2f . . . . .                                                    |                                                                                                                  |                      | 6,362,629            |                                                    |                                         |                                                                           |
|                                                                                                                                                      | <b>Other Revenue</b>                                                                         | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts). ATTACHMENT 4 . . . . . |                      |                      | 538,449                                            |                                         |                                                                           |
| <b>4</b> Income from investment of tax-exempt bond proceeds . . . .                                                                                  |                                                                                              |                                                                                                                  |                      | 0                    |                                                    |                                         |                                                                           |
| <b>5</b> Royalties . . . . .                                                                                                                         |                                                                                              |                                                                                                                  |                      | 0                    |                                                    |                                         |                                                                           |
|                                                                                                                                                      |                                                                                              | (i) Real                                                                                                         | (ii) Personal        |                      |                                                    |                                         |                                                                           |
| <b>6a</b> Gross Rents . . . . .                                                                                                                      |                                                                                              |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
| <b>b</b> Less rental expenses . . . . .                                                                                                              |                                                                                              |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
| <b>c</b> Rental income or (loss) . . . . .                                                                                                           |                                                                                              |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
| <b>d</b> Net rental income or (loss) . . . . .                                                                                                       |                                                                                              |                                                                                                                  |                      | 0                    |                                                    |                                         |                                                                           |
| <b>7a</b> Gross amount from sales of<br>assets other than inventory . . . . .                                                                        |                                                                                              | (i) Securities                                                                                                   | (ii) Other           |                      |                                                    |                                         |                                                                           |
|                                                                                                                                                      |                                                                                              | 7,746,019                                                                                                        |                      |                      |                                                    |                                         |                                                                           |
| <b>b</b> Less cost or other basis<br>and sales expenses . . . . .                                                                                    |                                                                                              |                                                                                                                  |                      | 7,645,550            |                                                    |                                         |                                                                           |
| <b>c</b> Gain or (loss) . . . . .                                                                                                                    |                                                                                              |                                                                                                                  |                      | 100,469              |                                                    |                                         |                                                                           |
| <b>d</b> Net gain or (loss) . . . . .                                                                                                                |                                                                                              |                                                                                                                  |                      | 100,469              |                                                    |                                         | 100,469                                                                   |
| <b>8a</b> Gross income from fundraising<br>events (not including \$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                                                                                              | <b>a</b>                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
| <b>b</b> Less direct expenses . . . . .                                                                                                              |                                                                                              | <b>b</b>                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
| <b>c</b> Net income or (loss) from fundraising events . . . . .                                                                                      |                                                                                              |                                                                                                                  |                      | 0                    |                                                    |                                         |                                                                           |
| <b>9a</b> Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                      |                                                                                              | <b>a</b>                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
| <b>b</b> Less direct expenses . . . . .                                                                                                              |                                                                                              | <b>b</b>                                                                                                         |                      |                      |                                                    |                                         |                                                                           |
| <b>c</b> Net income or (loss) from gaming activities . . . . .                                                                                       |                                                                                              |                                                                                                                  | 0                    |                      |                                                    |                                         |                                                                           |
| <b>10a</b> Gross sales of inventory, less<br>returns and allowances . . . . .                                                                        | <b>a</b>                                                                                     |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
| <b>b</b> Less cost of goods sold . . . . .                                                                                                           | <b>b</b>                                                                                     |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .                                                                                      |                                                                                              |                                                                                                                  | 0                    |                      |                                                    |                                         |                                                                           |
| <b>Miscellaneous Revenue</b>                                                                                                                         |                                                                                              |                                                                                                                  | <b>Business Code</b> |                      |                                                    |                                         |                                                                           |
| <b>11a</b>                                                                                                                                           |                                                                                              |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
| <b>b</b>                                                                                                                                             |                                                                                              |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
| <b>c</b>                                                                                                                                             |                                                                                              |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
| <b>d</b> All other revenue . . . . .                                                                                                                 |                                                                                              |                                                                                                                  |                      |                      |                                                    |                                         |                                                                           |
| <b>e</b> Total. Add lines 11a-11d . . . . .                                                                                                          |                                                                                              |                                                                                                                  | 0                    |                      |                                                    |                                         |                                                                           |
| <b>12</b> Total Revenue. See instructions . . . . .                                                                                                  |                                                                                              |                                                                                                                  |                      | 7,001,547            | 6,362,629                                          |                                         | 638,918                                                                   |

**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).**

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.</b>                                                                                                                                                               | <b>(A)<br/>Total expenses</b> | <b>(B)<br/>Program service expenses</b> | <b>(C)<br/>Management and general expenses</b> | <b>(D)<br/>Fundraising expenses</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------|------------------------------------------------|-------------------------------------|
| <b>1</b> Grants and other assistance to governments and organizations in the US See Part IV, line 21 . . .                                                                                                                                         | 8,100,475.                    | 8,100,475.                              |                                                |                                     |
| <b>2</b> Grants and other assistance to individuals in the US See Part IV, line 22 . . . . .                                                                                                                                                       | 0.                            |                                         |                                                |                                     |
| <b>3</b> Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 . . . . .                                                                                                          | 0.                            |                                         |                                                |                                     |
| <b>4</b> Benefits paid to or for members . . . . .                                                                                                                                                                                                 | 0.                            |                                         |                                                |                                     |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                        | 114,131.                      | 98,039.                                 | 16,092.                                        |                                     |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .                                                                                       | 0.                            |                                         |                                                |                                     |
| <b>7</b> Other salaries and wages . . . . .                                                                                                                                                                                                        | 372,456.                      | 319,857.                                | 52,599.                                        |                                     |
| <b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .                                                                                                                                       | 49,409.                       | 42,434.                                 | 6,975.                                         |                                     |
| <b>9</b> Other employee benefits . . . . .                                                                                                                                                                                                         | 60,367.                       | 51,846.                                 | 8,521.                                         |                                     |
| <b>10</b> Payroll taxes . . . . .                                                                                                                                                                                                                  | 35,671.                       | 30,635.                                 | 5,036.                                         |                                     |
| <b>11</b> Fees for services (non-employees)                                                                                                                                                                                                        |                               |                                         |                                                |                                     |
| <b>a</b> Management . . . . .                                                                                                                                                                                                                      | 0.                            |                                         |                                                |                                     |
| <b>b</b> Legal . . . . .                                                                                                                                                                                                                           | 0.                            |                                         |                                                |                                     |
| <b>c</b> Accounting . . . . .                                                                                                                                                                                                                      | 25,750.                       |                                         | 25,750.                                        |                                     |
| <b>d</b> Lobbying . . . . .                                                                                                                                                                                                                        | 0.                            |                                         |                                                |                                     |
| <b>e</b> Professional fundraising services See Part IV, line 17                                                                                                                                                                                    | 0.                            |                                         |                                                |                                     |
| <b>f</b> Investment management fees . . . . .                                                                                                                                                                                                      | 521,740.                      | 521,740.                                |                                                |                                     |
| <b>g</b> Other . . . . .                                                                                                                                                                                                                           | 12,934.                       | 5,925.                                  | 7,009.                                         |                                     |
| <b>12</b> Advertising and promotion . . . . .                                                                                                                                                                                                      | 0.                            |                                         |                                                |                                     |
| <b>13</b> Office expenses . . . . .                                                                                                                                                                                                                | 8,232.                        | 7,382.                                  | 850.                                           |                                     |
| <b>14</b> Information technology . . . . .                                                                                                                                                                                                         | 1,290.                        | 1,108.                                  | 182.                                           |                                     |
| <b>15</b> Royalties . . . . .                                                                                                                                                                                                                      | 0.                            |                                         |                                                |                                     |
| <b>16</b> Occupancy . . . . .                                                                                                                                                                                                                      | 92,863.                       | 79,754.                                 | 13,109.                                        |                                     |
| <b>17</b> Travel . . . . .                                                                                                                                                                                                                         | 0.                            |                                         |                                                |                                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                                                           | 0.                            |                                         |                                                |                                     |
| <b>19</b> Conferences, conventions, and meetings . . . .                                                                                                                                                                                           | 16,305.                       | 14,641.                                 | 1,664.                                         |                                     |
| <b>20</b> Interest . . . . .                                                                                                                                                                                                                       | 0.                            |                                         |                                                |                                     |
| <b>21</b> Payments to affiliates . . . . .                                                                                                                                                                                                         | 0.                            |                                         |                                                |                                     |
| <b>22</b> Depreciation, depletion, and amortization . . .                                                                                                                                                                                          | 35,333.                       | 30,345.                                 | 4,988.                                         |                                     |
| <b>23</b> Insurance . . . . .                                                                                                                                                                                                                      | 21,985.                       | 18,881.                                 | 3,104.                                         |                                     |
| <b>24</b> 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)                                                                       |                               |                                         |                                                |                                     |
| <b>a</b> TELEPHONE . . . . .                                                                                                                                                                                                                       | 12,444.                       | 10,687.                                 | 1,757.                                         |                                     |
| <b>b</b> DUES AND PUBLICATIONS . . . . .                                                                                                                                                                                                           | 4,211.                        | 4,211.                                  |                                                |                                     |
| <b>c</b> EQUIP RENTAL AND MAINTENANCE . . . . .                                                                                                                                                                                                    | 2,680.                        | 2,302.                                  | 378.                                           |                                     |
| <b>d</b> BANK FEES . . . . .                                                                                                                                                                                                                       | 37.                           | 37.                                     |                                                | 0.                                  |
| <b>e</b> . . . . .                                                                                                                                                                                                                                 |                               |                                         |                                                |                                     |
| <b>f</b> All other expenses . . . . .                                                                                                                                                                                                              |                               |                                         |                                                | 0.                                  |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f                                                                                                                                                                                | 9,488,313.                    | 9,340,299.                              | 148,014.                                       | 0.                                  |
| <b>26</b> <b>Joint Costs.</b> Check here <input type="checkbox"/> 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 . . . . . |                               |                                         |                                                |                                     |

**Part X Balance Sheet**

|                                    |                                                                                                                                                                               | (A)<br>Beginning of year |            | (B)<br>End of year |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------|--------------------|
| <b>Assets</b>                      | <b>1</b> Cash - non-interest-bearing                                                                                                                                          | 4,135,728.               | <b>1</b>   | 3,169,263.         |
|                                    | <b>2</b> Savings and temporary cash investments                                                                                                                               |                          | <b>2</b>   | 353,522.           |
|                                    | <b>3</b> Pledges and grants receivable, net                                                                                                                                   |                          | <b>3</b>   |                    |
|                                    | <b>4</b> Accounts receivable, net                                                                                                                                             |                          | <b>4</b>   |                    |
|                                    | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L                   |                          | <b>5</b>   |                    |
|                                    | <b>6</b> 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      |                          | <b>6</b>   |                    |
|                                    | <b>7</b> Notes and loans receivable, net                                                                                                                                      |                          | <b>7</b>   |                    |
|                                    | <b>8</b> Inventories for sale or use                                                                                                                                          |                          | <b>8</b>   |                    |
|                                    | <b>9</b> Prepaid expenses and deferred charges                                                                                                                                | 12,523.                  | <b>9</b>   | 12,532.            |
|                                    | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                  | <b>10a</b> 415,804.      |            |                    |
|                                    | <b>b</b> Less accumulated depreciation                                                                                                                                        | <b>10b</b> 235,239.      |            |                    |
|                                    |                                                                                                                                                                               | 215,896.                 | <b>10c</b> | 180,565.           |
|                                    | <b>11</b> Investments - publicly traded securities                                                                                                                            | 13,704,185.              | <b>11</b>  | 12,411,437.        |
|                                    | <b>12</b> Investments - other securities See Part IV, line 11                                                                                                                 |                          | <b>12</b>  |                    |
|                                    | <b>13</b> Investments - program-related See Part IV, line 11                                                                                                                  |                          | <b>13</b>  |                    |
|                                    | <b>14</b> Intangible assets                                                                                                                                                   |                          | <b>14</b>  |                    |
|                                    | <b>15</b> Other assets See Part IV, line 11                                                                                                                                   | 97,888.                  | <b>15</b>  | 74,785.            |
|                                    | <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)                                                                                                    | 18,166,220.              | <b>16</b>  | 16,202,104.        |
| <b>Liabilities</b>                 | <b>17</b> Accounts payable and accrued expenses                                                                                                                               | 7,447.                   | <b>17</b>  | 17,801.            |
|                                    | <b>18</b> Grants payable                                                                                                                                                      | 8,190,799.               | <b>18</b>  | 7,800,475.         |
|                                    | <b>19</b> Deferred revenue                                                                                                                                                    |                          | <b>19</b>  |                    |
|                                    | <b>20</b> Tax-exempt bond liabilities                                                                                                                                         |                          | <b>20</b>  |                    |
|                                    | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D                                                                                                |                          | <b>21</b>  |                    |
|                                    | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L |                          | <b>22</b>  |                    |
|                                    | <b>23</b> Secured mortgages and notes payable to unrelated third parties                                                                                                      |                          | <b>23</b>  |                    |
|                                    | <b>24</b> Unsecured notes and loans payable to unrelated third parties                                                                                                        |                          | <b>24</b>  |                    |
|                                    | <b>25</b> Other liabilities Complete Part X of Schedule D                                                                                                                     | 99,773.                  | <b>25</b>  | 84,057.            |
|                                    | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25                                                                                                                   | 8,298,019.               | <b>26</b>  | 7,902,333.         |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                       |                          |            |                    |
|                                    | <b>27</b> Unrestricted net assets                                                                                                                                             | 9,868,201.               | <b>27</b>  | 8,299,771.         |
|                                    | <b>28</b> Temporarily restricted net assets                                                                                                                                   |                          | <b>28</b>  |                    |
|                                    | <b>29</b> Permanently restricted net assets                                                                                                                                   |                          | <b>29</b>  |                    |
|                                    | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                |                          |            |                    |
|                                    | <b>30</b> Capital stock or trust principal, or current funds                                                                                                                  |                          | <b>30</b>  |                    |
|                                    | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund                                                                                                    |                          | <b>31</b>  |                    |
|                                    | <b>32</b> Retained earnings, endowment, accumulated income, or other funds                                                                                                    |                          | <b>32</b>  |                    |
|                                    | <b>33</b> <b>Total net assets or fund balances</b>                                                                                                                            | 9,868,201.               | <b>33</b>  | 8,299,771.         |
|                                    | <b>34</b> <b>Total liabilities and net assets/fund balances</b>                                                                                                               | 18,166,220.              | <b>34</b>  | 16,202,104.        |

Form 990 (2009)

**Part XI Financial Statements and Reporting**

|                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                              |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .                                                                                                                                                                                                                                                     |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .                                                                                                                                                                                                                                                                   | X   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | X   |    |
| <b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                           |     |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                                                                                                                                            |     | X  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                           |     |    |

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.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

LAWYERS TRUST FUND OF ILLINOIS

Employer identification number

36-3213132

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 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. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☒ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☒
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
- (ii) A family member of a person described in (i) above? \_\_\_\_\_
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     | X  |
| 11g(ii)  |     | X  |
| 11g(iii) |     | X  |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the US? |    | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|----------------------------------------------------------|----|-------------------------|
|                                    |          |                                                                                             | Yes                                                                    | No | Yes                                                             | No | Yes                                                      | No |                         |
| ATTACHMENT 1                       |          |                                                                                             |                                                                        |    |                                                                 |    |                                                          |    |                         |
|                                    |          |                                                                                             |                                                                        |    |                                                                 |    |                                                          |    |                         |
|                                    |          |                                                                                             |                                                                        |    |                                                                 |    |                                                          |    |                         |
|                                    |          |                                                                                             |                                                                        |    |                                                                 |    |                                                          |    |                         |
|                                    |          |                                                                                             |                                                                        |    |                                                                 |    |                                                          |    |                         |
|                                    |          |                                                                                             |                                                                        |    |                                                                 |    |                                                          |    |                         |
| Total                              |          |                                                                                             |                                                                        |    |                                                                 |    |                                                          |    | 0.                      |

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

Schedule A (Form 990 or 990-EZ) 2009

**Part II** **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                         | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .                                                                                                   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                                                    |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                                            |          |          |          |          |          |           |
| <b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .                                                                                                                                                                 |          |          |          |          |          |           |
| <b>5</b> 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). . . . . |          |          |          |          |          |           |
| <b>6</b> <b>Public support.</b> Subtract line 5 from line 4 . . . . .                                                                                                                                                 |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009  | (f) Total                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|--------------------------|
| <b>7</b> Amounts from line 4 . . . . .                                                                                                                                                                          |          |          |          |          |           |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                               |          |          |          |          |           |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .                                                                                           |          |          |          |          |           |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                                                                              |          |          |          |          |           |                          |
| <b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .                                                                                                                                                |          |          |          |          |           |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .                                                                                                                             |          |          |          |          | <b>12</b> |                          |
| <b>13</b> <b>First five years.</b> 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 <b>stop here</b> . . . . . |          |          |          |          |           | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                        |           |  |   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|---|
| <b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .                                                                                                                                                                                                                                                                                                             | <b>14</b> |  | % |
| <b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .                                                                                                                                                                                                                                                                                                                                   | <b>15</b> |  | % |
| <b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                           |           |  |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                               |           |  |   |
| <b>b 33 1/3% support test - 2008.</b> 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 and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .                                                                                                                                                                        |           |  |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                               |           |  |   |
| <b>17a 10%-facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .     |           |  |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                               |           |  |   |
| <b>b 10%-facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . |           |  |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                               |           |  |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .                                                                                                                                                                                                                                                                 |           |  |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                               |           |  |   |

Schedule A (Form 990 or 990-EZ) 2009

**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) ►                                                                                                                                               | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants"). . . . .                                                                          |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . . . .                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . . . .                                                                                                                                                       |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6) . . . . .                                                                                                                            |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                                     | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . . . .                                                                                                                                                                                             |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .                                                                               |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .                                                                                                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b . . . . .                                                                                                                                                                                          |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .                                                                                   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .                                                                                                                |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .                                                                                                                                                                 |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|                                                                                                           |           |   |
|-----------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). . . . . | <b>15</b> | % |
| <b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .                     | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                 |           |   |
|-----------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .                        | <b>18</b> | % |

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

**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. ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.ATTACHMENT 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

| (I) NAME OF SUPPORTED ORGANIZATION       | (II) EIN   | (III) TYPE OF ORGANIZATION | (IV) |    | (V) |    | (VI) |    | (VII) AMOUNT OF SUPPORT |
|------------------------------------------|------------|----------------------------|------|----|-----|----|------|----|-------------------------|
|                                          |            |                            | YES  | NO | YES | NO | YES  | NO |                         |
| ILLINOIS STATE BAR ASSOCIATION 501(C)(6) | 37-0345303 | 09                         | X    |    | X   |    | X    |    | 0                       |
| CHICAGO BAR ASSOCIATION 501(C)(6)        | 36-6109584 | 09                         | X    |    | X   |    | X    |    | 0                       |
| TOTAL AMOUNT OF SUPPORT                  |            |                            |      |    |     |    |      |    | <u>0</u>                |

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAWYERS TRUST FUND OF ILLINOIS

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

2009

Open to Public  
Inspection

Employer identification number

36-3213132

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                                 | (a) Donor advised funds | (b) Funds and other accounts                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1 Total number at end of year . . . . .                                                                                                                                                                                                                                         |                         |                                                          |
| 2 Aggregate contributions to (during year) . . . . .                                                                                                                                                                                                                            |                         |                                                          |
| 3 Aggregate grants from (during year) . . . . .                                                                                                                                                                                                                                 |                         |                                                          |
| 4 Aggregate value at end of year . . . . .                                                                                                                                                                                                                                      |                         |                                                          |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .                                                            |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . |                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

|                                                                                             |                                                                              |
|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                      | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space                                         |                                                                              |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|                                                                                                | Held at the End of the Year |
|------------------------------------------------------------------------------------------------|-----------------------------|
| a Total number of conservation easements . . . . .                                             | 2a                          |
| b Total acreage restricted by conservation easements . . . . .                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) . . . . . | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .            | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? . . . . . ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

|                                           | Amount |
|-------------------------------------------|--------|
| c Beginning balance . . . . .             | 1c     |
| d Additions during the year . . . . .     | 1d     |
| e Distributions during the year . . . . . | 1e     |
| f Ending balance . . . . .                | 1f     |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|                                                            | (a) Current Year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment                                                                                       | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                               |                                      |                                 |                              |                |
| b Buildings . . . . .                                                                                           |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .                                                                              |                                      | 129,635                         | 32,430                       | 97,205         |
| d Equipment . . . . .                                                                                           |                                      | 188,611                         | 169,436                      | 19,175         |
| e Other . . . . .                                                                                               |                                      | 97,558                          | 33,373                       | 64,185         |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . . |                                      |                                 |                              | 180,565        |

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)    | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|----------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
| Financial derivatives . . . . .                                            |                |                                                             |
| Closely-held equity interests . . . . .                                    |                |                                                             |
| Other -----                                                                |                |                                                             |
| -----                                                                      |                |                                                             |
| -----                                                                      |                |                                                             |
| -----                                                                      |                |                                                             |
| -----                                                                      |                |                                                             |
| -----                                                                      |                |                                                             |
| -----                                                                      |                |                                                             |
| -----                                                                      |                |                                                             |
| -----                                                                      |                |                                                             |
| -----                                                                      |                |                                                             |
| -----                                                                      |                |                                                             |
| -----                                                                      |                |                                                             |
| -----                                                                      |                |                                                             |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.) ► |                |                                                             |

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

| (a) Description of investment type                                        | (b) Book value | (c) Method of valuation<br>Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-------------------------------------------------------------|
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
|                                                                           |                |                                                             |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) |                |                                                             |

**Part IX** **Other Assets.** See Form 990, Part X, line 15[illegible]**Part X** **Other Liabilities.** See Form 990, Part X, line 25

| 1. (a) Description of liability                                            | (b) Amount |
|----------------------------------------------------------------------------|------------|
| Federal income taxes                                                       |            |
| OTHER                                                                      | 84,057.    |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
|                                                                            |            |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶ | 84,057.    |

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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|    |                                                                                         |    |             |
|----|-----------------------------------------------------------------------------------------|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                                | 1  | 7,001,547.  |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                                 | 2  | 9,488,313.  |
| 3  | Excess or (deficit) for the year Subtract line 2 from line 1                            | 3  | -2,486,766. |
| 4  | Net unrealized gains (losses) on investments                                            | 4  | 918,334.    |
| 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  | 918,334.    |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 | -1,568,432. |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |                                                                               |    |            |
|---|-------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements      | 1  | 7,398,104. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12            |    |            |
| a | Net unrealized gains on investments                                           | 2a | 918,334.   |
| b | Donated services and use of facilities                                        | 2b |            |
| c | Recoveries of prior year grants                                               | 2c |            |
| d | Other (Describe in Part XIV)                                                  | 2d |            |
| e | Add lines 2a through 2d                                                       | 2e | 918,334.   |
| 3 | Subtract line 2e from line 1                                                  | 3  | 6,479,770. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1           |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b              | 4a |            |
| b | Other (Describe in Part XIV)                                                  | 4b | 521,777.   |
| c | Add lines 4a and 4b                                                           | 4c | 521,777.   |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5  | 7,001,547. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |                                                                                |    |            |
|---|--------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements                     | 1  | 8,966,536. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25               |    |            |
| a | Donated services and use of facilities                                         | 2a |            |
| b | Prior year adjustments                                                         | 2b |            |
| c | Other losses                                                                   | 2c |            |
| d | Other (Describe in Part XIV)                                                   | 2d |            |
| e | Add lines 2a through 2d                                                        | 2e |            |
| 3 | Subtract line 2e from line 1                                                   | 3  | 8,966,536. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1              |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |            |
| b | Other (Describe in Part XIV)                                                   | 4b | 521,777.   |
| c | Add lines 4a and 4b                                                            | 4c | 521,777.   |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5  | 9,488,313. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV** Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

REVENUE RECONCILIATION

BANK &amp; BROKERAGE CHARGES NETTED AGAINST REVENUE PER F/S \$521,777

SCHEDULE D, PART XIII, LINE 4B

EXPENSE RECONCILIATION

BANK &amp; BROKERAGE CHARGES NETTED AGAINST REVENUE PER F/S \$521,777

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

LAWYERS TRUST FUND OF ILLINOIS

Employer identification number

36-3213132

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed** ☐

| 1 | (a) Name and address of organization or government                                                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
|   | AIDS LEGAL COUNCIL OF CHICAGO                                                                            |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 180 N MICHIGAN AVE CHICAGO, IL 60601-7454                                                                | 36-3310774 | 501C3                         | 34,000                   |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
|   | CABRINI GREEN LEGAL AID                                                                                  |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 740 N MILWAUKEE AVE CHICAGO, IL 60642                                                                    | 36-2775706 | 501C3                         | 135,000                  |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
|   | CHICAGO LEGAL ADVOCACY FOR INCARCERATED MOT                                                              |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 70 E LAKE STREET CHICAGO, IL 60601-5959                                                                  | 36-3633031 | 501C3                         | 40,000                   |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
|   | CHICAGO LEGAL CLINIC                                                                                     |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 2938 E 91ST STREET CHICAGO, IL 60617                                                                     | 36-3200465 | 501C3                         | 290,000                  |                                   |                                                       |                                        | TO PROVIDE FREE EGAL               |
|   | CHICAGO VOLUNTEER LEGAL SERVICES FOUNDATION                                                              |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 100 N LASALLE STREET                                                                                     | 36-7164989 | 501C3                         | 632,500.                 |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
|   | CARPLS LEGAL AID                                                                                         |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 17 N STATE STREET CHICAGO, IL 60602                                                                      | 36-3863573 | 501C3                         | 661,185                  |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
|   | DOMESTIC VIOLENCE LEGAL CLINIC                                                                           |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 555 W HARRISON STREET                                                                                    | 36-3647731 | 501C3                         | 19,000                   |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
|   | DUPAGE BAR LEGAL AID SERVICE                                                                             |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 126 S COUNTY FARM RD WHEATON, IL 60187                                                                   | 36-6116621 | 501C3                         | 42,500                   |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
|   | ILLINOIS COALITION FOR EQUAL JUSTICE                                                                     |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 321 S PLYMOUTH COURT CHICAGO, IL 60604                                                                   | 36-6109584 | 501C3                         | 170,000                  |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
|   | ILLINOIS LEGAL AID ONLINE                                                                                |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 17 N STATE STREE CHICAGO, IL 60602                                                                       | 20-2917133 | 501C3                         | 563,790                  |                                   |                                                       |                                        | TO PROVIDE LEGAL SER               |
|   | THE IMMIGRATION PROJECT                                                                                  |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 510 E WASHINGTON STREET                                                                                  | 43-1700482 | 501C3                         | 122,500                  |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
|   | LAND OF LINCOLN LEGAL ASSISTANCE FOUNDATION                                                              |            |                               |                          |                                   |                                                       |                                        |                                    |
|   | 8787 STATE STREET EAST ST LOUIS, IL 62203                                                                | 37-0958448 | 501C3                         | 1,590,000                |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| 2 | Enter total number of section 501(c)(3) and government organizations <span style="float:right">29</span> |            |                               |                          |                                   |                                                       |                                        |                                    |
| 3 | Enter total number of other organizations <span style="float:right">0</span>                             |            |                               |                          |                                   |                                                       |                                        |                                    |

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Schedule I (Form 990) 2009

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

POLICY ON MONITORING THE USE OF GRANT FUNDS

## SCHEDULE I

THE LAWYERS TRUST FUND REQUIRES ALL GRANTEE ORGANIZATIONS TO SUBMIT A

DETAILED PROPOSAL THAT INCLUDES A BUDGET, AUDITED FINANCIAL STATEMENTS

AND GOALS FOR CLIENT SERVICES. GRANTS ARE AWARDED BY CONTRACT, WHICH

INCLUDES A REQUIREMENT THAT THE ORGANIZATION REPORT ANY MAJOR PROGRAM

DEVELOPMENTS, SUCH AS CHANGES IN KEY PERSONNEL, PROGRAMS RECEIVING FUNDS

ARE ALSO REQUIRED TO SUBMIT A WRITTEN REPORT DESCRIBING ACTIVITIES

CARRIED OUT UNDER THE GRANT, AND ARE SUBJECT TO SITE VISITS CONDUCTED BY

LAWYERS TRUST FUND PERSONNEL ON AN ANNUAL OR BIENNIAL BASIS. LAWYERS

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |
|                                 |                          |                          |                                   |                                                       |                                        |

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

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TRUST FUND STAFF MEMBERS ADDRESS ANY PERFORMANCE ISSUES DIRECTLY WITH

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APPROPRIATE STAFF AND/OR BOARD MEMBERS AT THE GRANTEE ORGANIZATION.

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**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

LAWYERS TRUST FUND OF ILLINOIS

**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**

Employer identification number

36-3213132

**Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)**

| (a) Name and address of organization or government                                       | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------------------------------|------------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| LAWYERS' COMMITTEE FOR BETTER HOUSING<br>100 W MONROE STREET CHICAGO, IL 60603           | 36-3134577 | 501C3                         | 115,000                  |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| LEGAL AID BUREAU OF METROPOLITAN FAMILY SER<br>1 N DEARBORN STREET CHICAGO, IL 60602     | 36-2167940 | 501C3                         | 222,500                  |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| LEGAL ASSISTANCE FOUNDATION OF METRO CHICAG<br>111 W JACKSON BLVD CHICAGO, IL 60604-3502 | 36-2754650 | 501C3                         | 612,500                  |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| LIFE SPAN CENTER FOR LEGAL SERVICES<br>20 E JACKSON BLVD CHICAGO, IL 60604               | 36-2991281 | 501C3                         | 262,500                  |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| NATIONAL IMMIGRANT JUSTICE CENTER<br>208 S LASALLE STREET CHICAGO, IL 60604              | 36-1877640 | 501C3                         | 327,500                  |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| PRAIRIE STATE LEGAL SERVICES<br>975 N MAIN STREET ROCKFORD, IL 61103-7064                | 37-1030764 | 501C3                         | 1,660,000                |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| CENTER FOR ECONOMIC PROGRESS<br>29 E MADISON STREET CHICAGO, IL 60602                    | 36-3693728 | 501C3                         | 15,000                   |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| CENTRO ROMERO<br>6216 N CLARK STREET CHICAGO, IL 60660                                   | 36-3517408 | 501C3                         | 10,000                   |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| CHICAGO COALITION FOR THE HOMELESS<br>1325 S WABASH AVE CHICAGO, IL 60605-2507           | 36-3292607 | 501C3                         | 45,000                   |                                   |                                                       |                                        | PROVIDE FREE LEGAL S               |
| COMMUNITY ECONOMIC DEVELOPMENT LAW PROJECT<br>100 N LASALLE STREET CHICAGO, IL 60602     | 51-0189264 | 501C3                         | 35,000                   |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| DEPAUL ASYLUM & IMMIGRATION CLINIC<br>1 E JACKSON BLVD CHICAGO, IL 60604-2287            | 36-2167048 | 501C3                         | 70,000                   |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| ELDERCARE OPTIONS<br>247 W PRAIRIE AVE DECATUR, IL 62523                                 | 37-0661499 | 501C3                         | 10,000                   |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| EQUIP FOR EQUALITY<br>20 N MICHIGAN AVE CHICAGO, IL 60602                                | 36-3361312 | 501C3                         | 175,000                  |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| HEALTH & DISABILITY ADVOCATES<br>205 W MONROE STREET CHICAGO, IL 60606                   | 36-4042562 | 501C3                         | 145,000                  |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |
| NEIGHBORHOOD LAW OFFICE<br>7 VIEUX CARRE DR EAST ST LOUIS, IL 62203                      | 37-0673467 | 501C3                         | 15,000                   |                                   |                                                       |                                        | TO PROVIDE FREE LEGA               |

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**Schedule I-1 (Form 990) 2009**

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**

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

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

LAWYERS TRUST FUND OF ILLINOIS

Employer identification number

36-3213132

ATTACHMENT 2

**DIRECTORS ADDRESSES**

**PART VI, SECTION A, QUESTION 9,**

J. TIMOTHY EATON, PRESIDENT 111 E. WACKER DR. SUITE 2800 CHICAGO, IL  
60601 RICHARD J. PRENDERGAST, SECRETARY/TREASURER 111 W. WASHINGTON ST.  
SUITE 1100 CHICAGO, IL 60602 HELEN OGAR, VICE PRESIDENT 108 W. MONROE  
ST. P.O. BOX 3755 BLOOMINGTON, IL 61702-3755 JOHN C. ANDERSON, DIRECTOR  
55 E. MONROE ST. 37TH FLOOR CHICAGO, IL 60603 ELIZABETH HOSKINS DOW,  
DIRECTOR 1003 WESTERN AVE JOLIET, IL 60435 LEONARD SCHRAGER, DIRECTOR 315  
SOUTH PLYMOUTH COURT CHICAGO, IL 60604 JOSEPH MCDONNELL, DIRECTOR 12 WOLF  
CREEK DR SUITE 100 SWANSEA, IL 62226 HERB FRANKS, DIRECTOR 19333 E. GRANT  
HWY MCKENNA, IL 60152 HONORABLE MICHAEL B. HYMAN, DIRECTOR 50 W.  
WASHINGTON STREET, ROOM 401 CHICAGO, IL 60602

**POLICIES AND DISCLOSURES - REVIEW OF EXECUTIVE DIR COMPENSATION**

**PART VI, SECTION B, QUESTION 15A**

PURSUANT TO EXECUTIVE COMMITTEE DIRECTION, THE EXECUTIVE DIRECTOR GATHERS  
COMPENSATION INFORMATION ON IOLTA DIRECTORS IN SIMILAR STATES, REVIEWS  
THE IOLTA SALARY SURVEY COMPOSED BY THE NATIONAL ASSOCIATION OF IOLTA  
PROGRAMS (NAIP), REVIEWS LAW FIRM COMPENSATION FOR SIMILARLY EXPERIENCED  
ATTORNEYS, AND SURVEYS OF NOT-FOR-PROFIT AND FOUNDATION EXECUTIVE  
COMPENSATION. THIS INFORMATION IS DISCUSSED WITH THE TREASURER AND HE  
PRESENTS THE RECOMMENDATION FOR EXECUTIVE COMPENSATION TO THE BUDGET  
COMMITTEE AND THEN TO THE FULL BOARD OF DIRECTORS FOR APPROVAL.

Name of the organization

LAWYERS TRUST FUND OF ILLINOIS

Employer identification number

36-3213132

ATTACHMENT 2 (CONT'D)

DISCLOSURE - MAKE POLICIES AVAILABLE TO PUBLIC

PART VI, SECTION C, QUESTION 19

LAWYERS TRUST FUND MAKES THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST AVAILABLE UPON REQUEST. LAWYERS TRUST FUND'S FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST AND A LIMITED VERSION IS AVAILABLE ON THE ORGANIZATION'S WEBSITE.

MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY

PART VI, SECTION B, QUESTION 12C

LAWYERS TRUST FUND MONITORS AND ENFORCES THE CONFLICT OF INTEREST POLICY BY CROSS CHECKING THE BOARDS OF THE ORGANIZATIONS WHICH WOULD GIVE RISE TO A CONFLICT. IF LAWYERS TRUST FUND FINDS A POSSIBLE CONFLICT A LAWYERS TRUST FUND DIRECTOR HAS NOT REVEALED, LAWYERS TRUST FUND RAISES THE MATTER WITH THE DIRECTOR AND REQUIRES THEM TO REVEAL IT.

REVIEW OF 990

PART VI, SECTION B, QUESTION 11A

THE EXECUTIVE DIRECTOR AND PRESIDENT OF THE BOARD REVIEWS AND SIGNS THE 990. THE BOARD OF DIRECTORS ARE THEN NOTIFIED THAT THE 990 IS AVAILABLE AND THE DIRECTORS ARE PROVIDED A COPY OF THE 990 BEFORE IT IS FILED.

MINUTES OF COMMITTEE MEETINGS

PART VI, SECTION A, QUESTION 8B

MINUTES OF BOARD COMMITTEE MEETINGS ARE NOT MAINTAINED. HOWEVER, ACTIVITIES OF EACH COMMITTEE ARE SUMMARIZED IN AGENDAS PREPARED FOR BOARD OF DIRECTOR MEETINGS.

Name of the organization

LAWYERS TRUST FUND OF ILLINOIS

Employer identification number

36-3213132

ATTACHMENT 3

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

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

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | (A)<br><u>TOTAL<br/>REVENUE</u> | (B)<br><u>RELATED OR<br/>EXEMPT REVENUE</u> | (C)<br><u>UNRELATED<br/>BUSINESS REV.</u> | (D)<br><u>EXCLUDED<br/>REVENUE</u> |
|--------------------|---------------------------------|---------------------------------------------|-------------------------------------------|------------------------------------|
| INTEREST INCOME    | 538,449                         |                                             |                                           | 538,449.                           |
| TOTALS             | <u>538,449</u>                  |                                             |                                           | <u>538,449.</u>                    |

ATTACHMENT 5

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u> | <u>ENDING<br/>BOOK VALUE</u> |
|--------------------|------------------------------|
| PREPAID EXPENSES   | 12,532.                      |
| TOTALS             | <u>12,532.</u>               |

ATTACHMENT 6

Name of the organization

LAWYERS TRUST FUND OF ILLINOIS

Employer identification number

36-3213132

ATTACHMENT 6 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u>          | <u>ENDING<br/>BOOK VALUE</u> |
|-----------------------------|------------------------------|
| MUNICIPAL BONDS             | 3,045,748.                   |
| U.S. GOVERNMENT OBLIGATIONS | 6,665,916.                   |
| EQUITY SECURITIES           | 561,448.                     |
| INDEX FUNDS                 | 1,823,562.                   |
| CORPORATE BONDS             | 314,763.                     |
| TOTALS                      | <u>12,411,437.</u>           |



