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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Th

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

Open to Public Inspection

A F	or th	e 2009		ndar year, or tax year beginning 07/01, 2009, and ending		/30, 20 10
<b>B</b> c	heck if a			C Name of organization LAWYERS TRUST FUND OF ILLINOIS	D Employer identifica	ation number
	Addre		se IRS abel or	Doing Business As	36-3213132	2
		change p	nnt or	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone number	
	Instia		type See	TWO PRUDENTIAL PLAZA; 180 N. STETSON AVENU 820	(312) 938-29	906
	┪	S <sub>I</sub>	pecıfic	City or town, state or country, and ZIP + 4		
$\vdash$	Amer		nstruc- tions.	CHICAGO, IL 60601	G Gross receipts \$	14,647,097.
-	returi Appli	1 <u> </u>		ame and address of principal officer	H(a) Is this a group return	
l	pend	ing	1 140	and address of principal officer	affiliates?	<b>⊢</b>
_		<u>.</u>			H(b) Are all affiliates inclu	
<u> </u>		empt statu		X 501(c) (3 ) ◀ (insert no ) 4947(a)(1) or 527	If "No," attach a list.	,
<u>J</u>	Webs	te: W		LTF.ORG	H(c) Group exemption nu	
$\overline{}$		of organiza	ation	X Corporation Trust Association Other ▶ L Year of forma	ation 1981 M State o	of legal domicile IL
Pa	rt I	Sumi	mary			
	1	Briefly d	descri	be the organization's mission or most significant activities		
n		TO PF	ROVI	DE GRANT FUNDS TO ILLINOIS NOT-FOR-PROFIT ORGANIZA	ATIONS	
Š		PROVI	IDIN	NG LEGAL ASSISTANCE TO THE POOR THROUGHOUT ILLINOIS	3.	
Ē						
Š~	2	Check ti	his bo	if the organization discontinued its operations or disposed of more than 25%	6 of its pet assets	
MAK ( 7 791 Activities & Governance	3			oting members of the governing body (Part VI, line 1a)		9
~ <u>"</u>	A			dependent voting members of the governing body (Part VI, line 1b)		9
₽Ĕ	-				1 1	6
€ŧ	3			of employees (Part V, line 2a)	5	9
ΥŔ	6			of volunteers (estimate if necessary)		
Z Z	7 a	_		nrelated business revenue from Part VIII, column (C), line 12		
	1 D	Net unre	elated	business taxable income from Form 990-T, line 34		
Revenue					Prior Year	Current Year
	8	Contribu	utions	s and grants (Part VIII, line 1h)	0.	0.
	9	Program	n serv	rice revenue (Part VIII, line 2g)	8,935,295.	6,362,629.
	10	Investm	ent ir	ncome (Part VIII, column (A), lines 3, 4, and 7d)	919,329.	638,918.
<b>D</b>	11	Other re	evenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total re-	venue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,854,624.	7,001,547.
	13	Grants a	and s	imilar amounts paid (Part IX, solumn (A) (I) es 1-3)	8,193,685.	8,100,475.
	14	Benefits	s paid	to or for members (Part IX, column (A), line 4)	0.	0.
m	15			er compensation, employee benefits (Part IX, column (A), lines 5-10)	695,337.	632,034.
Expenses	162			fundraising fees (Part), columnic(A), lige 21e)	0.	0.
ē				sing expenses, Part IX, column (D), line 25)		
Ж	17			oning expended, runting, boldmin (B), line 20)	282,718.	755,804.
	40	Total av	xpens	ses (Part IX, column (A), lines 11a 11d 11f 24). es Add lines 13-17 (must equal Part IX, column (A), line 25)	9,171,740.	9,488,313.
					682,884.	-2,486,766.
م ب	19	Revenu	e iess	s expenses Subtract line 18 from line 12		
ts o		_		} <del></del>	Beginning of Year	End of Year
Net Assets or Fund Balances	20			(Part X, line 16)	18,166,220.	16,202,104.
Αğ	21			es (Part X, line 26)	8,298,019.	7,902,333.
ž.	22	Net ass	ets o	r fund balances Subtract line 21 from line 20	9,868,201.	8,299,771.
Pa	art II	Sign	natur	e Block		<u> </u>
				es of perjury, I declare that I have examined this return, including accompanying schedules an		
		and bel	lief, it	is true, correct, and complete Declaration of preparer (other than officer) is based on all infi		
S	ign		14	elle (, Ugr	1-31	- 1/
Н	lere	Si	gnatu	re of officer	Date	
			Het.	en E. Ogar		
		<b>▶</b> ☆		print name and title		
_		<del>                                     </del>		Date Check if		identifying number
Paid	i	Prepare		Xeevana (1 Stanley LIAN 04 2011 self-employed	(see instru	ctions) 00079652
Pre	parer's			or yours OSTROW REISIN BERK & ABRAMS, LTD.	<u>, -                                  </u>	6-2938874
Use	Only	if self-er	mployè	ed),	-	12-670-7444
		address,	,			1,7
May	y the l	KS discu	uss th	is return with the preparer shown above? (see instructions)	<u> </u>	X Yes No

Form 990 (2009)

1 is the organization described in section 501(c)(3) or 4947(s)(1) (other than a private foundation)? If "Yes," complete Schedule A.  2 is the organization required to complete Schedule B. Schedule of Contributors".  3 Did the organization required to complete Schedule B. Schedule of Contributors".  3 Did the organization required to complete Schedule C. Part I.  4 Section 501(c)(3) organizations but the organization engage in tolobying activities? If "Yes," complete Schedule C. Part II.  5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations in the organization subject to the section 6033(e) notice and reporting requirement and proxy tax" If "Yes," complete Schedule C. Part III.  5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax" If "Yes," complete Schedule C. Part III.  5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax" If "Yes," complete Schedule C. Part III.  5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax" If "Yes," complete Schedule D. Part II.  5 Did the organization maintain any donor advised funds or any semilar funds or accounts" If "Yes," complete Schedule D. Part II.  6 Did the organization that is the section of account the section of a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures" If "Yes," complete Schedule D. Part II.  7 X X  8 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 serves? If "Yes," complete Schedule D. Part VII.  10 Did the organization report an amount for line seven the section of the section of the section of the section of t	Form 9	90 (2009) 36-3213132		F	Page 3
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   Is 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   Section 501(c)(3) organizations. Did the organization engage in libblying activities? If "Yes," complete Schedule C, Part II.   X   Section 501(c)(3) organizations. Did the organization engage in libblying activities? If "Yes," complete Schedule C, Part III.   X   Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 603(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.   X   X   Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations in such such as 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 III.   Yes, complete Sc					
2 Is the organization required to complete Schedule B. Schedule of Contributors? 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 II. 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III. 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax" if "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advested 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 C, Part III. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures of "Yes," complete Schedule D, Part III. 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets" if "Yes," complete Schedule D, Part III. 8 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 countesing, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV. 8 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV. 9 Did the organization report an amount for investments-program related in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 9 Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 19? If "Yes," complete Schedule D, Part VIII. 9 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	•			Yes	No
2 Is the organization required to complete Schedule B. Schedule C Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "res," complete Schedule C Part I.  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "res," complete Schedule C, Part II.  5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations, is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax" If "res," complete Schedule C, Part II.  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 "res," complete Schedule D, Part II.  7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "res," complete Schedule D, Part II.  8 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 courseling, debt management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part IV.  9 Did the organization report an amount for Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part IV.  9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part VII.  10 Did the organization report an amount for mestments—other-securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VII.  10 Did the organization report an amount for other lassities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "res," complete Schedule D, Part VIII.  10 Did the organization repor	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes" complete Schedule C, Part II.  4 Section 801(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part III.  5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations is the organization subject to the section 6033(c) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.  5 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part III.  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 III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization amaintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV.  10 Did the organization directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "yes," complete Schedule D, Part VI.  11 Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  11 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 VI.  12 Did the organization report an amount for other assets in Part X, line 120 II "Yes," complete Schedule D, Part VI.  13 Did the organization in separate. independent audided financial statements for the tax year? If "Yes		· ·	1	X	
A Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II .  Sections 501(c)(3) organizations. So the organizations is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part II .  5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II .  5 Did the organization report and a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II .  5 Did the organization and part II .  5 Did the organization and part II .  5 Did the organization and part II .  6 Did the organization and part II .  7 X Did the organization and part II .  8 X Or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV .  10 Did the organization organization organization and part II .  11 Is the organization and part II .  12 Is the organization and part II .  13 Is the organization and part II .  14 Is the organization and part II .  15 Is the organization and part II .  16 Did the organization report an amount for and, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part IV .  19 Did the organization report an amount for investments—other-securities 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 XII .  10 Did the organization report an amount for other liabilities 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 XII .  10 Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part XI .  11 Did the organizati		· · · · · · · · · · · · · · · · · · ·	2		X
4 Scetton 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy fax" ("Yes," complete Schedule C, Part III  5 Did the organization maintain any donor adv' If "Yes," complete Schedule C, Part III  6 X Ordinary organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land greas, or historic structures? If "Yes," complete Schedule D, Part II  7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  9 Did the organization and intentity or through a related organization, hold assets in term, permanent, or quasi-endownersts? If "Yes," complete Schedule D, Part IV  10 Did the organization answer to any of the following questions "Yes?" If so, complete Schedule D, Part IV  11 Is the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  10 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 VI  11 Did the organization report an amount for investments—other-securities in Part X, line 13 that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI  12 Did the organization school an amount for other assets in Part X, line 12 that is 5% or more of the total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI  13 Did the organization school described in section 170(0)(1)(1)(1)(1) If	3				
Schedule C, Part II.  Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.  Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical land areas, or historic structures? If "Yes," complete Schedule D, Part III.  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.  Did the organization directly or through a related organization, hold assets in term, permanent, or quasis-endowments? If "Yes," complete Schedule D, Part IV.  Is its the organization indirectly or through a related organization, hold assets in term, permanent, or quasis-endowments? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Tes," complete Schedule D, Part VII.  Did the organization report an amount for investments—other-securities 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 VII.  Did the organization report an amount for other labilities 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 VII.  Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part XII.  Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, "In a statement or other interest	_	· · · · · · · · · · · · · · · · · · ·	3		X
Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III .  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 II .  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or historic structures? If "Yes," complete Schedule D, Part III .  Did the organization maintain collections of works of art, histonical freesures, or other similar assets? If "Yes," complete Schedule D, Part III .  Did the organization organization did the part II .  Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV .  Did the organization organization did the part II .  Is the organization answer to any of the following questions "Yes?" If so, complete Schedule D, Part VI .  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 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI .  Did the organization report an amount for other labilities 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 VI .  Did the organization report an amount for other labilities 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 VI .  Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Ye	4				3.7
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		-		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	•		7		Х
complete Schedule D, Part III . 8 X  1 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 V . 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIV, VIII, X, or X as applicable	8	·	•	-	_
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.  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.  11 Is the organization's answer to any of the following questions: "Yes"? If so, complete Schedule D, Parts VI, VII, IVI, IV, As a applicable.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII  12 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 VIII  13 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  14 Did the organization report an amount for other isabilities in Part X, line 2? If "Yes," complete Schedule D, Part X  15 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X, XII, and XIII as applicable Schedule D, Part X, XII, and XIII as applicable Schedule D, Part X, XII, and XIII as applicable Schedule D, Part X, XII, and XIII as applicable Schedule D, Part X, XII, and XIII as applicable Schedule D, Part X, XII, and XIII as applicable Schedule Schedule F, Part II.  12 A Y  13 Is the organization as school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E, And XIII.  14 Did the organization maintain an office, employees, or agents outside of the United States? II "Yes," complete Schedule F, Part II.  15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A),			8		Х
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Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		,	
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14a Did the organization maintain an office, employees, or agents outside of the United States?	12	Tare	4.0	<u> </u>	- V
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			<del></del>	<del> </del>	
business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			144		<del>  ``</del>
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			14h		X
organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		· · · ·		$\vdash$
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			15		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	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
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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	18				
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20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19			1	,,
			_	_	
Form <b>990</b> (2009)	20	und the organization operate one or more nospitals / if "Yes," complete Schedule H		000	ــــــــــــــــــــــــــــــــــــــ

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Par	Checklist of Required Schedules (continued)	1		
•			Yes	No
21	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? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			ì
	organization's current and former officers, directors, trustees, key employees, and highest compensated			(
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			İ
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			İ
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
Ç	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		i
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			ĺ
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			$\Box$
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L	<u> </u>		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	• • • • • • • • • • • • • • • • • • • •	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	100		
U	Schedule L, Part IV	28b		X
_	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	205		
·	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23		
30	conservation contributions? If "Yes," complete Schedule M	30		x
24	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	100		<del></del>
31	Part I	31	İ	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			
72	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		<del></del>
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	}	Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II,	33		
34	III, IV, and V, line 1	34		X
2.5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		<u> </u>
35		25		х
20	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		x
	organization? If "Yes," complete Schedule R, Part V, line 2	36	-	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			v
	Part VI	37		X
38	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	38	X	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	,	×* :	4
	US Information Returns Enter -0- if not applicable		, <u>.</u>	** · .
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	; .		<b>*</b>
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	33.		oi.
	gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	* 5.	, jakovi	13.5
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 6	3 %		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		100	4.1
	instructions)		, 1	3,3
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	أنسنا	piss, .	2
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ıİ		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ı l		
	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	*	Ay Mar I	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			*
	and Financial Accounts	1823	540.53 	3000
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	1 . 1		٠,,
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
_	gifts were not tax deductible?	6b	. Sate	- 1
	Organizations that may receive deductible contributions under section 170(c).	À		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u> </u>	<u> </u>	X
	and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			X
	required to file Form 8282?	7c		
	<u> </u>	i i	+	' '
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	۔ کد،	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
Q		7g		
-	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	10,74	v . r	٠,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	السيفا		
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	**	· 9,	
а	D. 11.	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	<b>W</b> .		W 1
а	Initiation fees and capital contributions included on Part VIII, line 12	37.	No. of	*
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		Seq.	-
11	Section 501(c)(12) organizations. Enter			. '
a	Gross income from members or shareholders		<u></u>	* *
b	Gross income from other sources (Do not net amounts due or paid to other sources against			- *
	amounts due or received from them )		<u> </u>	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	<u> </u>		

	90 (2009) 36-3213132			Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7th for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, of Schedule O. See instructions.	belo r cha	ow, a inge	and s in
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2		2		Х
_	any other officer, director, trustee, or key employee?	-		
3	Did the organization delegate control over management duties customarily performed by or under the direct			Х
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		
_ <u>5</u> _	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	1		
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	Χ	
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	nue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
D	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
44	·	100		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		Х	
	form?	11		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40	Х	_
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		Х	
	rise to conflicts?	12b		<del></del>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		٠,,	
		12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		_	-
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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?	16b		
Sect	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed ▶_ IL,			
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)		. – – –	
18	available for public inspection. Indicate how you make these available. Check all that apply	s ony	;	
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	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 PRUTH ANN SCHMITT 180 NORTH STETSON AVENUE CHICAGO, IL 60601	ne		
	organization North ANN SCHMIII 180 NORTH STETSON AVENUE CHICAGO, IL 60601			
	312-330-2300			

### 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

	Charlethia have the arm		nanaata anu aurrant	officer director	or tructoo
1 4	Check this box if the organic	anization did not com	ipensate any current	onicer, director,	or trustee

HERB FRANKS   DIRECTOR   2.00   X	Institutional trustee	Officer		Highest compensated at employee	S) Former	Reportable compensation from the organization (W-2/1099-MISC)	. 0	Estimated amount of other compensation from the organization and related organizations
DIRECTOR 2.00 X HONORABLE MICHAEL B. HYMAN DIRECTOR 2.00 X J. TIMOTHY EATON PRESIDENT 2.00 X JOHN C. ANDERSON DIRECTOR 2.00 X LEONARD J. SCHRAGER DIRECTOR 2.00 X JOSEPH B. MCDONNELL DIRECTOR 2.00 X HELEN E. OGAR VICE PRESIDENT 2.00 X RICHARD J. PRENDERGAST SECRETARY/TREASURER 2.00 X ELIZABETH HOSKINS DOW DIRECTOR 2.00 X RUTH ANN SCHMITT EXECUTIVE DIRECTOR 40.00 MARK MARQUARDT DEPUTY DIRECTOR 40.00 TERRI SMITH						0.	. 0.	
HONORABLE MICHAEL B. HYMAN  DIRECTOR  J. TIMOTHY EATON  PRESIDENT  JOHN C. ANDERSON  DIRECTOR  LEONARD J. SCHRAGER  DIRECTOR  JOSEPH B. MCDONNELL  DIRECTOR  WICE PRESIDENT  SECRETARY/TREASURER  ELIZABETH HOSKINS DOW  DIRECTOR  RUTH ANN SCHMITT  EXECUTIVE DIRECTOR  MARK MARQUARDT  DEPUTY DIRECTOR  2.00 X  2.00 X  40.00  TERRI SMITH						0.	. 0.	
DIRECTOR       2.00 X         J. TIMOTHY EATON       2.00 X         PRESIDENT       2.00 X         JOHN C. ANDERSON       2.00 X         LEONARD J. SCHRAGER       2.00 X         DIRECTOR       2.00 X         JOSEPH B. MCDONNELL       2.00 X         DIRECTOR       2.00 X         HELEN E. OGAR       2.00 X         VICE PRESIDENT       2.00 X         RICHARD J. PRENDERGAST       2.00 X         SECRETARY/TREASURER       2.00 X         ELIZABETH HOSKINS DOW       2.00 X         DIRECTOR       2.00 X         RUTH ANN SCHMITT       40.00         MARK MARQUARDT       40.00         DEPUTY DIRECTOR       40.00         TERRI SMITH       40.00						0.	. 0	
DRESIDENT   2.00   X						0.	. 0	
DIRECTOR   2.00   X						0.	. 0	
DIRECTOR         2.00 X           LEONARD J. SCHRAGER         2.00 X           DIRECTOR         2.00 X           JOSEPH B. MCDONNELL         2.00 X           HELEN E. OGAR         2.00 X           VICE PRESIDENT         2.00 X           RICHARD J. PRENDERGAST         2.00 X           SECRETARY/TREASURER         2.00 X           ELIZABETH HOSKINS DOW         2.00 X           DIRECTOR         2.00 X           RUTH ANN SCHMITT         40.00           MARK MARQUARDT         40.00           DEPUTY DIRECTOR         40.00           TERRI SMITH         40.00						0.	. 0	
LEONARD J. SCHRAGER  DIRECTOR  JOSEPH B. MCDONNELL  DIRECTOR  HELEN E. OGAR  VICE PRESIDENT  RICHARD J. PRENDERGAST  SECRETARY/TREASURER  ELIZABETH HOSKINS DOW  DIRECTOR  RUTH ANN SCHMITT  EXECUTIVE DIRECTOR  MARK MARQUARDT  DEPUTY DIRECTOR  TERRI SMITH						0.	. 0	
DIRECTOR         2.00 X           JOSEPH B. MCDONNELL         2.00 X           DIRECTOR         2.00 X           HELEN E. OGAR         2.00 X           VICE PRESIDENT         2.00 X           RICHARD J. PRENDERGAST         2.00 X           SECRETARY/TREASURER         2.00 X           ELIZABETH HOSKINS DOW         2.00 X           RUTH ANN SCHMITT         40.00           EXECUTIVE DIRECTOR         40.00           MARK MARQUARDT         40.00           TERRI SMITH         40.00						0.	. 0	
DIRECTOR         2.00 X           HELEN E. OGAR         2.00 X           VICE PRESIDENT         2.00 X           RICHARD J. PRENDERGAST         2.00 X           SECRETARY/TREASURER         2.00 X           ELIZABETH HOSKINS DOW         2.00 X           RUTH ANN SCHMITT         40.00           EXECUTIVE DIRECTOR         40.00           MARK MARQUARDT         40.00           TERRI SMITH         40.00								
HELEN E. OGAR  VICE PRESIDENT 2.00 X  RICHARD J. PRENDERGAST  SECRETARY/TREASURER 2.00 X  ELIZABETH HOSKINS DOW  DIRECTOR 2.00 X  RUTH ANN SCHMITT  EXECUTIVE DIRECTOR 40.00  MARK MARQUARDT  DEPUTY DIRECTOR 40.00  TERRI SMITH								
VICE PRESIDENT 2.00 X RICHARD J. PRENDERGAST SECRETARY/TREASURER 2.00 X ELIZABETH HOSKINS DOW DIRECTOR 2.00 X RUTH ANN SCHMITT EXECUTIVE DIRECTOR 40.00 MARK MARQUARDT DEPUTY DIRECTOR 40.00 TERRI SMITH								
SECRETARY/TREASURER 2.00 X ELIZABETH HOSKINS DOW  DIRECTOR 2.00 X RUTH ANN SCHMITT EXECUTIVE DIRECTOR 40.00 MARK MARQUARDT DEPUTY DIRECTOR 40.00 TERRI SMITH					i _	1	. 0	
ELIZABETH HOSKINS DOW  DIRECTOR 2.00 X  RUTH ANN SCHMITT  EXECUTIVE DIRECTOR 40.00  MARK MARQUARDT  DEPUTY DIRECTOR 40.00  TERRI SMITH	1					0		
DIRECTOR 2.00 X RUTH ANN SCHMITT EXECUTIVE DIRECTOR 40.00 MARK MARQUARDT DEPUTY DIRECTOR 40.00 TERRI SMITH		1-	 					
RUTH ANN SCHMITT  EXECUTIVE DIRECTOR 40.00  MARK MARQUARDT  DEPUTY DIRECTOR 40.00  TERRI SMITH				i		0	. 0	
MARK MARQUARDT DEPUTY DIRECTOR 40.00 TERRI SMITH				х		119,112.	. 0	26,96
DEPUTY DIRECTOR 40.00 TERRI SMITH	+	<b></b>						
	_	<u> </u>		Х	<u> </u>	104,500.	. 0	26,66
DIRECTOR OF BANKING/MIS 40.00				Х	-	102,000.	. 0	17,56
	+	$T^{-}$						

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	ye	es,	and F	ligl	hest Compensat	ed Employ	ees (c	ontınue	d)	
` (A)	(B) (C)							(D)	(E)	(F)			
Name and title	Average hours per week	P or director	institutional trustee	Officer	Key employee	a Highest compensated at employee	Pormer	Reportable compensation from the organization (W-2/1099-MISC)	Reportal compensa from rela organizati (W-2/1099-	ition ted ons	ame comp fro orga and	imated ount of other ensation the nization related in zation	f on on d
	-		ļ 										
	_						:						
	_												
	_												
1b Total	<u> </u>						<b>&gt;</b>	325,612		0.		71,	192
2 Total number of individuals (including but not reportable compensation from the organization)			liste	ed a	bov	e) wh	o re	eceived more than	\$100,000 ir	1			
											<b></b>	Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	cer, directi Jule J for su	or or ch ind	trı <i>lıvıd</i>	uste lual	e, • •	key e	mp	oloyee, or highes	t compens	ated	3		* · X
<b>4</b> For any individual listed on line 1a, is the the organization and related organizations individual	greater th	nan \$	150	0,00	00?	If "Y	'es, '	' complete Sched	lule J for s	such	4		Χ
5 Did any person listed on line 1a receiv services rendered to the organization? If "Yes,"	e or accr	ue c Schea	omp Iule	oen: <i>J fo</i>	satio r su	on fro	om <i>rsoi</i>	any unrelated o	organization	for • •	5		Х
Section B. Independent Contractors													
Complete this table for your five highest compensation from the organization	compensa	ted ir	nder	pen	den	con	trac	tors that receive	d more tha	in \$10	00,000	of	
(A) Name and business add	(A) Name and business address							(B) Description of se	rvices	C	(C) Compens	ation	
NONE													
			_				-						
2. Total number of independent contractors (	noludina b	, it	<b>i</b> 1	n :4-	A 4.		<u> </u>	uctod chous)t-	rocensed				
Total number of independent contractors (if more than \$100,000 in compensation from the more than \$100,00				ше	u (	0	oe I	isieu above) wno	teceived		3 %		

Par	t VIII	Statement of Revenue			36-3213132		
**	*	antia y sp Anti-	* * * * * *	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) . 1e	9000				48.2 <u>2</u> 49.6
Contribution and other s	f g	All other contributions, gifts, grants, and similar amounts not included above .   Noncash contributions included in lines 1a-1f \$					
<u> </u>	n_	Total. Add lines 1a-1f	Business Code				· · · · · · · · · · · · · · · · · · ·
- E			-				
Program Service Revenue	2a b c d	IOLTA INCOME LEGAL AID FEES	900099	3,651,029.	3,651,029		
Ē	e		İ				
gra	f	All other program service revenue					
Pro	g	Total. Add lines 2a-2f		6,362,629	***		3 74
	3	Investment income (including dividends, into other similar amounts). ATTACHMENT Income from investment of tax-exempt bond	erest, and	538,449.			538,449
	5	Royalties · · · · · · · · · · · · · · · · · · ·	<del> </del>	0.		<u>*</u>	ļ,
	6a	(i) Real	(II) Personal			* }_	, .
	ь	Less rental expenses			as5		
	С	Rental income or (loss)			7 %		
	d	Net rental income or (loss)		0			
	_	(i) Secunties					**
	7a	Gross amount from sales of assets other than inventory 7,746,01	1	, , , , , , , , , , , , , , , , , , ,			, .
	ь	Less cost or other basis	_	, "		>	1 1
		and sales expenses 7,645,55	<u> </u>	1			2 :
	С	Gain or (loss)	9			2004	ا عثم المناهد
	d	Net gain or (loss)	. <u></u>	100,469			100,469
a	8a	Gross income from fundraising		4.0		* * * * * * * * * * * * * * * * * * *	*
Other Revenue		events (not including \$		2. ×		- \$	20 40 30
e	İ	of contributions reported on line 1c)	İ			**	
æ		See Part IV, line 18	a	J	<u> </u>	**	
he	b	Less direct expenses	ь				
ᅙ	С	Net income or (loss) from fundraising events	. <u></u>	0			
	9a	Gross income from gaming activities See Part IV, line 19	a		^ 4		<b>*</b>
	b	Less direct expenses		12 A 30	Towns allowed	¥ & .	× - / 🐒
	С	Net income or (loss) from gaming activities .		. 0			
	10a			\$52 4 db 480.	. 445	V - 2 W/	
		returns and allowances	a	4 2		k dosa no	
	ь	Less cost of goods sold		1			***
	C	Net income or (loss) from sales of inventory.		0			
		Miscellaneous Revenue	Business Code			3.	*
	11a			***************************************	256		
	Ι.			<u> </u>			<u> </u>
	b						<del> </del>
	C		-	<del>                                     </del>		1	1
	d	All other revenue		-			<del>                                     </del>
	е	Total. Add lines 11a-11d · · · · · · · ·		L		14	
	12	Total Revenue. See instructions	<u></u>	7,001,547	6,362,629	L	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).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VII.	Total expenses	expenses	general expenses	expenses
	Grants and other assistance to governments and	0 100 :==	0.100.:==		
	organizations in the U.S. See Part IV, line 21	8,100,475.	8,100,475.		<del></del>
	Grants and other assistance to individuals in				
,	the US See Part IV, line 22	0.			
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			<del></del>
	Compensation of current officers, directors,				
	trustees, and key employees	114,131.	98,039.	16,092.	
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	210 057	50 500	
	Other salaries and wages	372,456.	319,857.	52,599.	
	Pension plan contributions (include section 401(k)	40 400	40 434	6 075	
	and section 403(b) employer contributions)	49,409.	42,434.	6,975.	
	Other employee benefits	60,367.	51,846.	8,521.	
	Payroil taxes	35,671.	30,635.	5,036.	
	Fees for services (non-employees)				
	Management	0.			·
	Legal	25,750.		25,750.	<del></del>
	Accounting	23,730.		23,730.	
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	521,740.	521,740.		
	Investment management fees	12,934.	5,925.	7,009.	
_	Other	0.	3,923.	7,009.	
	Advertising and promotion	8,232.	7,382.	850.	
	Office expenses	1,290.	1,108.	182.	
	Information technology	0.	1,100.	102.	
	Royalties	92,863.	79,754.	13,109.	
	Occupancy	0.	737731.	15,103.	
	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
	•	16,305.	14,641.	1,664.	
	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Depreciation, depletion, and amortization	35,333.	30,345.	4,988.	
	Insurance	21,985.	18,881.	3,104.	
	Other expenses Itemize expenses not	······························	,	,	1- 1- 1
	covered above (Expenses grouped together		ļ		
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
a :	relephone	12,444.	10,687.	1,757.	
_	DUES AND PUBLICATIONS	4,211.	4,211.		
-	EQUIP RENTAL AND MAINTENANCE	2,680.	2,302.	378.	
_	BANK FEES	37.	37.		0
e					
f	All other expenses				0
	Total functional expenses. Add lines 1 through 24f	9,488,313.	9,340,299.	148,014.	0
	Joint Costs. Check here ▶ If following		, ,		
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				

	rt X	Balance Sheet					Faye_II
1 6		Bulance officer			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,135,728.	1	3,169,263.
	2	Savings and temporary cash investments		[		2	353,522.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers	direc	ctors, trustees, key	•		
		employees, and highest compensated employe	ees C	Complete Part II of			
		Schedule L				5	
	6	Receivables from other disqualified persons (a	ined under section				
		4958(f)(1)) and persons described in section		l l			
		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net			7		
SS	8	Inventories for sale or use	• • •			8	
٩	9	Prepaid expenses and deferred charges			12,523.	9	12,532.
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D					
	Ь	Less accumulated depreciation		235,239.	215,896.	10c	180,565.
	11	Investments - publicly traded securities			13,704,185.		12,411,437.
	12	Investments - other securities See Part V, line 11			12	· · · · · · · · · · · · · · · · · · ·	
	13	Investments - program-related See Part V, line 1				13	
	14	Intangible assets		r	•	14	• •
	15	Other assets See Part V, line 11			97,888.		74,785.
	16	Total assets. Add lines 1 through 15 (must equa		r	18,166,220.		16,202,104.
	17	Accounts payable and accrued expenses			7,447.		17,801.
	18	Grants payable			8,190,799.		7,800,475.
	19	Deferred revenue		· · · · · · · · · · · · · · · · · · ·	19		
	20	Tax-exempt bond liabilities		20			
s	21	Escrow or custodial account liability Complet		0.188	21		
Liabilities	22	Payables to current and former officers,					
ig		employees, highest compensated employ				<u> </u>	
Ë:		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelate			······································	23	100 - 11 - 11 - 1 - 1 - 1 - 1 - 1 - 1 -
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities Complete Part X of Schedule D .			99,773.	25	84,057.
	26	Total liabilities. Add lines 17 through 25			8,298,019.		7,902,333.
- sa		Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and	e ▶ L	Xand			
Š	27	Unrestricted net assets			9,868,201.	27	8,299,771.
3ala	28	Temporarily restricted net assets			-	28	· .
d E	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117, che and complete lines 30 through 34.	ck he	re ▶ 🗌			
	30	Capital stock or trust principal, or current funds .				30	
Assets	31	Paid-in or capital surplus, or land, building, or eq	 ulpmer	nt fund		31	
	32	Retained earnings, endowment, accumulated inc				32	
Net	33	Total net assets or fund balances		9,868,201.		8,299,771.	
_	34	Total liabilities and net assets/fund balances		• • • • • • • • • • • • • • •	18,166,220.		16,202,104.
				<u> </u>		1 7 1	· · · , = , = ·

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		'	1
	issued on a consolidated basis, separate basis, or both			
	X Separate bass Consolidated bass Both consolidated and separate bass			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	ŀ		
	the Single Audit Act and OMB Circular A-133?	3a	:	X
b				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		

#### **SCHEDULE A** (Form 990 or 990-EZ)

#### **Public Charity Status and Public Support**

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	he organizatio							Employe		tion number
LAWYER		FUND OF ILI							36-32	13132
Part I	Reason fo	or Public Chari	ty Status (All organ	ızatıons m	ust compl	ete this p	oart.) Se	e instruc	tions	
The <u>org</u> a	nization is no	ot a private found	dation because it is (F	or lines 1 t	hrough 11,	check on	ly one box	c)		
1			rches, or association of			ın sectio	n 170(b)(	1)(A)(i).		
2	A school de	scribed in <b>sectio</b>	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E)					
3	A hospital o	r a cooperative l	nospital service organ	ızatıon desc	cribed in <b>se</b> d	ction 170	(b)(1)(A)(	(iii).		
4	A medical i	research organiz	zation operated in co	njunction v	vith a hos	pital desc	cribed in	section	170(b)(1)	(A)(iii). Enter the
_		ame, city, and sta				- <b>-</b>				
5	•	ation operated for (b)(1)(A)(iv). (Co	or the benefit of a col	lege or un	versity ow	ned or o	perated b	y a gove	rnmental	unit described in
•				ntal unt da	ooribad in a	antion 1	70/5//4//	A \ / \		
<sup>6</sup>  -			rernment or governme Ily receives a substan						or from t	ho gonoral nublic
′ 📖	•		1)(A)(vi). (Complete F		its support	iioiii a g	governine	illai uriil	or from t	ne general public
•			d in section 170(b)(1)(	-	molete Par	F III N				
8		•	lly receives (1) more				m contrib	utions m	ambarch	n foos and gross
• L	-		ted to its exempt fun							
	•		nent income and un		-		•			
		•	after June 30, 1975				•		JII (ax)	HOIT DUSITIESSES
10		-	nd operated exclusive					•		
11 X	-	-	and operated exclusi	•		•			ns of or	to carry out the
ت ٠٠	_	-	ublicly supported orga	-		-				-
	•		at describes the type of					•	•	
	a X Typ	_	Type II c	<u> </u>	e III - Func		•			pe III - Other
еX		L.	rtify that the organiz			•	•			•
۔		=	on managers and oth				-			
	-	section 509(a)				,		3		
f		, , ,	-, I a written determina	tion from t	he IRS tha	atıtıs a	Type I. T	vpe II. o	r Type III	supporting
	_	n, check this box					.,,- ,	7		X
g	•	· .	the organization acce	oted any o		 bution fro	m anv of	the		
3	following pe		<b>g</b>	,,,,,			,			
	• .		or indirectly controls	. either ald	one or tog	ether wit	h person	s describ	ed in (ii)	Yes No
		-	erning body of the sup		_		•		• • • • • • • • • • • • • • • • • • • •	11g(i) X
			erson described in (i) a							11g(ii) X
		•	of a person described		above?					11g(iii) X
h		•	ation about the suppo		•					·
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c		(v) Did y	ou notify	(vi) l	s the	(vii) Amount of
	anization	, ,	(described on lines 1-9	in col (i) lis	sted in your			organizat		support
			above or IRC section (see instructions))	governing	document?		ot your oort?		zed in the   S?	
				Yes	No	Yes	No	Yes	No	
•			-							
ATTI	CHMENT	1								
										-
								:		
Total										0

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Schedule A (Form 990 or 990-EZ) 2009

Page 2

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 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . . . Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . Total. Add lines 1 through 3..... The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support (b) 2006 (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . . . . Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . . . . . . . . . 11 Total support. Add lines 7 through 10 . . 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 16a 331/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . ▶ [ b 331/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . ▶ 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2009

Far	4 III Command Cabadola for Coma	-!A! D	: L ! O				
•	Support Schedule for Organ (Complete only if you checke						
Sect	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")					1	
2	Gross receipts from admissions, merchandise		<del> </del>				-
-	sold or services performed, or facilities						
	•						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an				:		
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	ıts behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge				•	1	[
6	Total. Add lines 1 through 5		<del> </del>	<del>-</del>		<u> </u>	_
			<del> </del>			<u> </u>	·-
/ d	Amounts included on lines 1, 2, and 3				[		
h	received from disqualified persons Amounts included on lines 2 and 3			<u> </u>			
_	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	\$5.000 or 1% of the amount on line 13					}	
	for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						ŀ
	line 6)						
ec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
0 a	Gross income from interest, dividends,						İ
	payments received on secunties loans, rents, royalties and income from similar		}			!	
	sources			1			
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	F		-		<del></del>		
	Add lines 10a and 10b						
1	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on	•					
2	Other income Do not include gain or		1				
	loss from the sale of capital assets					1	
	•					i	1
	(Explain in Part IV)	-					
3	•						
3	(Explain in Part IV)						
	(Explain in Part IV)	the organizatio	n's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	(Explain in Part IV)	-			•		` ' ' '
4	(Explain in Part IV)	<u></u>	<u> </u>		•		` ' ' '
4 ec	(Explain in Part IV)	port Percent	age		<u></u>		` ' ' '
4 ec:	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for organization, check this box and stop here.  tion C. Computation of Public Sup Public support percentage for 2009 (line 8,	port Percent	age ed by line 13, colu	mn (f))	<u> </u>	15	` ' ' '
4 Sect 5	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup  Public support percentage for 2009 (line 8, Public support percentage from 2008 Sche	port Percent column (f) divid dule A, Part III, lii	age ed by line 13, colu ne 15	mn (f))	<u> </u>	15	` ' ' '
ect	(Explain in Part IV)	port Percent column (f) divid dule A, Part III, lii t Income Pei	age ed by line 13, colu ne 15	mn (f))		15 16	` ' ' '
ect 5 6 ect 7	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2009 (line 8, Public support percentage from 2008 Schettion D. Computation of Investment Investment income percentage for 2009 (lines)	port Percent column (f) divid dule A, Part III, hi t Income Per ne 10c, column (	age ed by line 13, colu ne 15 rcentage (f) divided by line	mn (f))		15 16	` ' ' '
6 6 6 7	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment Investment income percentage from 2009 (line Investment income percentage from 2008 Schetines in the process of the proc	port Percent column (f) divid dule A, Part III, hi it Income Per ne 10c, column ( Schedule A, Part	age ed by line 13, colune 15 rcentage (f) divided by line III, line 17	mn (f))		15 16	▶
Sec 15 16 Sec 17	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment Investment income percentage from 2008 S 33 1/3% support tests - 2009. If the or	port Percent column (f) divid dule A, Part III, III it Income Per ne 10c, column ( Schedule A, Part ganization did a	age ed by line 13, colume 15 rcentage (f) divided by line till, line 17 not check the bo	mn (f))	d line 15 is moi	15 16 17 18 re than 331/3%,	and line
6 6 6 7	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment Investment income percentage from 2009 (line Investment income percentage from 2008 Schetines in the process of the proc	port Percent column (f) divid dule A, Part III, III it Income Per ne 10c, column ( Schedule A, Part ganization did a	age ed by line 13, colume 15 rcentage (f) divided by line till, line 17 not check the bo	mn (f))	d line 15 is moi	15 16 17 18 re than 331/3%,	and line
6ec 5 6 6ec 7 8	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment Investment income percentage from 2008 S 33 1/3% support tests - 2009. If the or	port Percent column (f) divid dule A, Part III, In t Income Per ne 10c, column Schedule A, Part ganization did r is box and sto	age ed by line 13, colume 15 rcentage (f) divided by line III, line 17 not check the boop here. The orgon	nn (f))  13, column (f))  x on line 14, an anization qualifie	d line 15 is mores as a publicly	15 16 17 18 re than 331/3%, supported organ	and line ization ► [
6ec 5 6 6 7 8	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup  Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment Investment income percentage for 2009 (line linvestment income percentage from 2008 States 1/3% support tests - 2009. If the or 17 is not more than 33 1/3%, check the	port Percent column (f) divid dule A, Part III, In it Income Per ne 10c, column of Schedule A, Part ganization did in is box and ste anization did no	age ed by line 13, colume 15 rcentage (f) divided by line illl, line 17 not check the boop here. The orget check a box on	nn (f))  13, column (f))  x on line 14, an anization qualification function 14 or line 1	d line 15 is mores as a publicly	15 16 17 18 re than 331/3%, supported organ s more than 331/	and line ization ► [
6ec 5 6 6ec 7 8	(Explain in Part IV)  Total support. (Add lines 9, 10c, 11, and 12)  First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2009 (line 8, Public support percentage from 2008 Schetion D. Computation of Investment Investment income percentage from 2008 (line support investment investment income percentage from 2008 (line support investment inv	port Percent column (f) divid dule A, Part III, In it Income Per ne 10c, column of Schedule A, Part ganization did re as box and ste anization did no this box and s	age ed by line 13, colume 15 rcentage (f) divided by line IIII, line 17 not check the boop here The org t check a box on top here The or	mn (f))  13, column (f))  x on line 14, an anization qualific line 14 or line 1 ganization qualific qualific qualific panization qualific	d line 15 is mores as a publicly 9a, and line 16 ies as a publicly	15 16 17 18 re than 331/3%, supported organ s more than 331/3 supported organ	and line ization ► [ '3%, and ization ► [

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 1

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

#### SCHEDULE D (Form 990)

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Nam	of the organization		Employer identification number
LAV	YERS TRUST FUND OF ILLINOIS	•	36-3213132
Pa	Organizations Maintaining Donor Adv the organization answered "Yes" to For		or Accounts. Complete if
		(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 a		tonor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
•	used only for charitable purposes and not for the t		
	purpose conferring impermissible private benefit?		
Pa	t II Conservation Easements. Complete if	the organization answered "Yes" to I	Form 990. Part IV. line 7
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre	· · · · · · · · · · · · · · · · · · ·	of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld 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
а	Total number of conservation easements		
b	Total acreage restricted by conservation easement		1 1
С	Number of conservation easements on a certified		1 1
d	Number of conservation easements included in (c	, ,	
3	Number of conservation easements modified, tran		
	the tax year ▶	-	
4	Number of states where property subject to conse	ervation easement is located >	
5	Does the organization have a written policy regard	ling the periodic monitoring, inspection, h	nandling of
	violations, and enforcement of the conservation ea	asements it holds?	Yes . No
6	Staff and volunteer hours devoted to monitoring, if	nspecting, and enforcing conservation ea	sements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspec	cting, and enforcing conservation easem-	ents during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on lin	• • •	1 1 1
	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports	conservation easements in its revenue a	nd expense statement, and
	balance sheet, and include, if applicable, the text	•	icial statements that describes
	the organization's accounting for conservation eas		
Ра	organizations Maintaining Collections Complete if the organization answered		er Similar Assets.
1a	If the organization elected, as permitted under S art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f		
b	If the organization elected, as permitted under S historical treasures, or other similar assets held provide the following amounts relating to these ite	for public exhibition, education, or res	
	(i) Revenues included in Form 990, Part VIII, line		▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		

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Schedule D (Form 990) 2009

Par	t III Organizations Maintaini	ng Collect	tions c	of Art, Histo	rical 1	<u> reasures</u>	s, or C	Other Similar A	ssets (c	continued)	
									_		
3	Using the organization's acquisition		n, and c	other records	s, chec	k any of th	ne follo	owing that are a	significar	it use of its	
	collection items (check all that app	·ly)		_	_						
а	Public exhibition			d			_	e programs			
b	Scholarly research			e		Other					
С	Preservation for future ge										
4	Provide a description of the organi	zation's coll	ections	and explain	how th	ney further	the or	rganization's exe	empt pur	pose in	
	Part XIV										
5	During the year, did the organization								_		
	assets to be sold to raise funds rat										No
Par	IV, line 9, or reported an	rrangeme amount o	nts. Con Forr	omplete if t n 990, Part	the org	janizatior e 21.	answ	vered "Yes" to	Form 99	0, Part	
											-
1a	Is the organization an agent, truste				-				_		
	included on Form 990, Part X?							• • • • • • • •	[	Yes	No
b	If "Yes," explain the arrangement in	n Part XIV a	nd com	plete the foll	lowing	table					
							<u> </u>	A	mount		
С	Beginning balance										
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an am		rm 990	), Part X, line	217 .				. <b></b> L	Yes	No
	If "Yes," explain the arrangement in										
Par	t V Endowment Funds. Con			·						Ī	
_		(a) Curren	t Year	(b) Prior ye	ear	(c) Two ye	ars back	(d) Three yea	ars back	(e) Four yea	rs back
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,				ł						
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities .										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage	-	end ba	lance held as	3						
а	Board designated or quasi-endowr	· · · · · · · · · · · · · · · · · · ·		%							
þ	Permanent endowment	<u> </u>									
	Term endowment ▶	_%									
3a	Are there endowment funds not in	the posses	sion of	the organiza	ation th	at are hel	d and	administered for	the		
	organization by									Yes	s No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" to 3a(II), are the related org	-		•						3 b	
4	Describe in Part XIV the intended to			<del></del>							
Par	t VI Investments - Land, Buil	ldings, and	d Equi	pment. See	Form	า 990, Pa	<u>rt X, lı</u>	ne 10.			
	Description of investment			or other basis restment)		Cost or other	r	(c) Accumulated depreciation	(0	d) Book value	
1a	Land										
b	Buildings	<del></del>									
C	Leasehold improvements	<del></del>				129,6		32,430	•		205.
d	Equipment					188,6		169,436			175.
<u>e</u>	Other					97,5		33,373			185.
Tota	I. Add lines 1a through 1e (Column	(d) must e	qual Fo	om 990, Part	X, colu	umn (B), lin	ne 10(c	<i>;) ).</i> ▶		180,	565.

Schedule D (Form 990) 2009

Page 3

Part VII	Investments - Other Securities. See	Form 990, Part X, lin	e_12.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion ket value
Financial d	lerivatives			
	Id equity interests			
			7	
		<del></del>	-	
		<del></del>		
~			-	
		_		<del> </del>
		-		
				<del>-</del>
		<u> </u>		
Part VIII	Investments - Program Related. See	Form 990, Part X, Iir	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valua	
			Cost or end-of-year mar	ket value
	·			
		-		
				······································
		<u> </u>		
	(-)	luna AF	<u></u>	
Part IX	Other Assets. See Form 990, Part X			T
		(a) Description		(b) Book value
	and the second s			
		· · · · · · · · · · · · · · · · · · ·		
	•	-		
	-			
Total. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Par			
1.	(a) Description of liability	(b) Amount	\$ 140. A	
	come taxes	(S) / WHOOM		
OTHER	come taxes	84,057	-	
OTHER		04,037	1	
	<u>.</u>		The state of the s	
	<del></del>			
T-1-1 (C )	on (h) must a mint Fare 200 First V and (D) to 200	▶ 84,057		
iotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	84,057	<u> </u>	

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

36-3213132

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ont		1 490 1
1'	Total revenue (Form 990, Part VIII, column (A), line 12)	1	<u> </u>	7,001,547.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		9,488,313.
3	Evenes or (deficit) for the year. Subtract line 2 from line 1	3	<del> </del>	-2,486,766.
	Excess or (deficit) for the year Subtract line 2 from line 1			918,334.
4	Net unrealized gains (losses) on investments	4_		<u> </u>
5	Donated services and use of facilities	_5_	1	
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		918,334.
9	Total adjustments (net) Add lines 4 through 8	9	-	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			-1,568,432.
	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret			7 200 104
1	Total revenue, gains, and other support per audited financial statements	<u>.                                     </u>	1	7,398,104.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	4.	ŀ	
b	Donated services and use of facilities	_	ļ	
С	Recoveries of prior year grants	_	ļ	
d	Other (Describe in Part XIV)			010 001
е	Add lines 2a through 2d	. L	2e	918,334.
3	Subtract line 2e from line 1	$\cdot \mid$	3	6,479,770.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	İ	
b	Other (Describe in Part XIV)	7.	}	
С	Add lines 4a and 4b	. L	4c	521 <b>,</b> 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 R	etur	n	
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			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
С	Other losses   2c			
d	Other (Describe in Part XIV)			
е	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			
а	Investment expenses not included on Form 990, Part VIII, line 7b		İ	
b	Other (Describe in Part XIV)  Add lines 4a and 4b	7.		
С	Add lines 4a and 4b		4 c	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			-
and 2	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa o, 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 Al art to provide any additional information			
SEE	PAGE 5			

Part XIV Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

REVENUE RECONCILIATION

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

SCHEDULE D, PART XIII, LINE 4B

EXPENSE RECONCILIATION

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

## SCHEDULEI (Form 990)

Department of the Treasury Name of the organization Internal Revenue Service

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

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

OMB No

Employer identification number 36-3213132 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part I General Information on Grants and Assistance LAWYERS TRUST FUND OF ILLINOIS

N <sub>o</sub>	
	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 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
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oring the use of grant funds in the United States	8:
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e gc g	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
sele	<u>ַס</u> אַ מֵּ
the selection criteria used to award the grants or assistance?	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 \$5,00 Part IV and Schedule I-1 (Form 990) if additional space is needed
	Par

Part IV and Schedule I-1 (Form 990) if additional spa	990) if additic		ce is needed				<b></b>
1 (a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(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	36-3633031	50103	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 PROVICE FREE LEGA
CARPLS LEGAL AID  17 N STATE STREET CHICAGO, IL 60602	36-3863573	50103	661,185				TO PROVIDE FREE LEGA
DOMESTIC VIOLENCE LEGAL CLINIC 555 W HARRISON STREET	36-3647731	50103	19,000				TO PROVIDE FREE LEGA
DUPAGE BAR LEGAL AID SERVICE 126 S COUNTY FARM RD WHEATON, IL 60187	36-6116621	50103	42,500				TO PROVIDE FREE LEGA
1LLINOIS COALITION FOR EQUAL JUSTICE 321 S PLYMOUTH COURT CHICAGO, IL 60604	36-6109584	50103	170,000				TO PROVIDE FREE LEGA
ILLINOIS LEGAL AID ONLINE 17 N STATE STREE CHICAGO, IL 60602	20-2917133	50103	563,790				TO PROVIDE LEGAL SER
THE IMMIGRATION PROJECT 510 E WASHINGTON STREET	43-1700482	50103	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 3 Enter total number of other organizations	and governme	nt organizations					29
5	Act Notice, see t	e the Instructio	ns for Form 990.			Sche	Schedule I (Form 990) 2009

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PAGE 23

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) DEVELOPMENTS, SUCH AS CHANGES IN KEY PERSONNEL. PROGRAMS RECEIVING FUNDS DETAILED PROPOSAL THAT INCLUDES A BUDGET, AUDITED FINANCIAL STATEMENTS INCLUDES A REQUIREMENT THAT THE ORGANIZATION REPORT ANY MAJOR PROGRAM AND GOALS FOR CLIENT SERVICES. GRANTS ARE AWARDED BY CONTRACT, WHICH TO SUBMIT 36-3213132 ARE ALSO REQUIRED TO SUBMIT A WRITTEN REPORT DESCRIBING ACTIVITIES (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed THE LAWYERS TRUST FUND REQUIRES ALL GRANTEE ORGANIZATIONS (c) Amount of cash grant POLICY ON MONITORING THE USE OF GRANT FUNDS (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 SCHEDULE Part IV Part III

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

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

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Schedule I (Form 990) 2009

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (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 (e) Method of valuation (book, FMV, appraisal, other) TRUST FUND STAFF MEMBERS ADDRESS ANY PERFORMANCE ISSUES DIRECTLY WITH APPROPRIATE STAFF AND/OR BOARD MEMBERS AT THE GRANTEE ORGANIZATION (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

Schedule I (Form 990) 2009

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## SCHEDULE 1-1 (Form 990)

Department of the Treasury

Internal Revenue Service

LAWYERS TRUST FUND OF ILLINOIS Name of the organization

OMB No 1545-0047

2009

Open to Publi

Employer identification number

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

Continuation Sheet for Schedule I (Form 990)

36-3213132

Part   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule II(Form 990), Part II.)	ther Assist	ance to Govern	iments and Organ	izations in the Uni	ted States (Schedu	lle II(Form 990), F	art 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 100 W MONROE STREET CHICAGO, IL 60603	36-3134577	50103	115,000				TO PROVIDE FREE LEGA
LEGAL AID BUREAU OF METROPOLITAN FAMILY SER I N DEARBORN STREET CHICAGO, IL 60602	36-2167940	50103	222,500				TO PROVIDE FREE LEGA
LEGAL ASSISTANCE FOUNDATION OF METRO CHICAG	36-2754650	501C3	612,500				TO PROVIDE FREE LEGA
	36-2991281	50103	262,500			_	TO PROVIDE FREE LEGA
NATIONAL IMMIGRANT JUSTICE CENTER  208 S LASALLE STREET CHICAGOI, L 60604	36-1877640	50103	327,500				TO PROVIDE FREE LEGA
PRAIRIE STATE LEGAL SERVICES 975 N MAIN STREET ROCKFORD, IL 61103-7064	37-1030764	501C3	1,660,000				TO PROVIDE FREE LEGA
CENTER FOR ECONOMIC PROGRESS  29 E MADISON STREET CHICAGO, IL 60602	36-3693728	50103	15,000				TO PROVIDE FREE LEGA
CENTRO ROMERO 6216 N CLARK STREET CHICAGO, IL 60660	36-3517408	501C3	10,000				TO PROVIDE FREE LEGA
CHICAGO COALITION FOR THE HOMELESS 1325 S WABASH AVE CHICAGO, IL 60605-2507	36-3292607	50103	45,000			_	PROVIDE FREE LEGAL S
COMMUNITY ECONOMIC DEVELOPMENT LAW PROJECT 100 N LASALLE STREET CHICAGO, IL 60602	51-0189264	50103	35,000			_	TO PROVIDE FREE LEGA
DEPAUL ASYLUM & IMMIGRATION CLINIC  1 E JACKSON BLVD CHICAGO, IL 60604-2287	36-2167048	501C3	000'02				TO PROVIDE FREE LEGA
ELDERCARE OPTIONS 247 W PRAIRIE AVE DECATUR, IL 62523	37-0661499	50103	10,000				TO PROVIDE FREE LEGA
EQUIP FOR EQUALITY 20 N MICHIGAN AVE CHICAGO, IL 60602	36-3361312	50103	175,000				TO PROVIDE FREE LEGA
HEALTH & DISABILITY ADVOCATES 205 W MONROE STREET CHICAGO, IL 60606	36-4042562	50103	145,000				TO PROVIDE FREE LEGA
NEIGHBORHOOD LAW OFFICE 7 VIEUX CARRE DR EAST ST LOUIS, IL 62203	37-0673467	501C3	15,000				TO PROVIDE FREE LEGA

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

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Schedule I-1 (Form 990) 2009

# SCHEDULE I-1 (Form 990)

Department of the Treasury

Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public Inspection

TO PROVIDE FREE LEGA TO PROVIDE FREE LEGA Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance Employer identification number Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule II(Form 990), Part II) 36-3213132 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (d) Amount of cash grant (e) Amount of non-cash assistance 40,000 40,000 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 50103 50103 36-3151279 37-6024575 (p) EIN LAWYERS TRUST FUND OF ILLINOIS SARGENT SHRIVER NATIONAL CENTER ON POVERTY SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF LAW 50 E WASHINGTON STREET CHICAGO, IL 60602 (a) Name and address of organization or government KAPLAN HALL CARBONDALE, IL 62901 Name of the organization Part I

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Continuation of Grants and Other Assistance to India		いっついこうつ かいすいの ついし	mai via de la constanta de la	•
	(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
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				Schedule I-1 (Form 990) 2009
PM	9.	87707-000		PAGE 28
		PM V 09-8.6	(b) Number of cash grant cash grant (cash grant cash grant cash grant (d) Number of cash grant cash grant (d) Number of cash grant cash grant (d) Number of cash grant (d)	Percipients (c) Amount of non-cash assistance cash grant non-cash assistance non-cash

#### SCHEDULE O (Form 990)

#### 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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 SIMILARILY 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 REOUEST. 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 DIRECOTRS 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.

Page 2

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

			ATTACHMENT 4	ENT 4	
FORM 990, PART VIII - INVESTMENT IN  DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE	
DESCRIPTION	KEVENOE	EXEMPT REVENUE	BOSINESS REV.	KEVENUE	
INTEREST INCOME	538,449			538,449.	
TOTALS	538,449		- =	538,449.	
FORM 990, PART X - PREPAID EXPENSES	AND DEFERE		TTACHMENT 5		
DESCRIPTION			ENDING BOOK VALUE	-	
PREPAID EXPENSES			12,53	2.	
TOTALS	3		12,53	2.	

ATTACHMENT 6

Schedule O (Form 990) 2009

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

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

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LAWYERS TRUST FUND OF ILLINOIS

36-3213132

126 59 1,814 1,392 1,899 111 112 489 35,331 35,331 Current-year depreciation amortization Current-year PAGE 33 Current-year 179 expense MA CRS class ACRS 3 000 5 000 000 5 5 000 7 000 5 000 5 000 3 000 900 8 8 000 3 000 5 000 8 000 8 000 5 000 5 000 5 000 3 000 8 000 Ę Son Me-thod Code  $\mathbf{SL}$ SL SL SL  $_{
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m SI}$ SL SL SISI Beginning Ending
Accumulated Accumulated
depreciation depreciation Accumulated Accumulated amortization amortization 895 9,073 55,000 294 502 208 872 13,077 1,630 1,674 10,837 635 13,480 8,546 6,850 601 29,150 2,200 6,264 235,239 235,239 895 6,850 1,674. 10,837 509 235 7,259 55,000 490 29,150 390 1,711 872 208 4,872 6,647 199,908 13,077 1,630 13,480 199,908 Basis for depreciation 10,837 9,073 55,000 869 6,850 1,674 2,445 6,959 9,494 895 872 637 294 899 208 13,077 1,630 29,150 13,480 415,804 415,804 Basis Reduction 179 exp reduction in basis 100 000 100 000 100 000 100 000 100 000 000 001 100 000 100 000 100 000 100 000 100 000 100 000 000 001 100 000 100 000 100 000 100 000 100 000 100 000 8ns Unadjusted Cost or basis 294 9,073 55,000 869 6,959 1,674 637 29,150 9,494 895 1,630 10,837 899 2,445 872 13,077 6,850 208 13,480 415,804 Cost or basis Date placed in service 01/01/2005 01/01/2005 01/01/2005 01/01/2005 01/01/2005 01/01/1999 01/02/2002 01/02/2003 03/07/2005 01/01/2006 01/01/2006 01/01/2006 01/01/2006 01/01/2006 01/01/2006 01/01/2001 01/01/2001 03/31/2001 01/02/2002 Date placed in service 4V012C 8981 12/29/2010 Asset description Asset description Description of Property TOTALS...... FURNITURE/FIXTURES COMPUTER EQUIPMENT FURNITURE & FIXTUR Subtotals . . . . . . FURNITURE/FIXTURES COMPUTER EQUIPMENT **AMORTIZATION** Less Retired Assets Less Retired Assets DEPRECIATION L/H IMPROVEMENTS TELEPHONE SYSTEM Listed Property Subtotals . . . \*Assets Retired JSA 9X9024 1 000 TOTALS. . FURNITURE CELLPHONE FURNITURE COMPUTER COMPUTER SOFTWARE SOFTWARE SOFTWARE COMPUTER COMPUTER VEHICLE COPIER

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LAMIERS INOSI FOND OF ILLINOIS	010									.  -			10170	;
Description of Property													•	
DEPRECIATION										_				il
Asset description	Date placed in service	Unadjusted Cost or basis	Bus %	179 exp reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Beginning Ending Accumulated Accumulated depreciation depreciation	Me- thod Conv		ACRS GRS class class	A Current-year 179 ss expense	ar Current-year depreciation	
EQUIPMENT	01/01/2007	643	0			643	322	451	SL	5 000				129
FURNITURE	12/31/2007	92,393	100 000			92,393	17,324	28,873	SL	8 000			11,549	49
SOFTWARE	12/31/2007	2,180	100 000			2,180	1,090	1,817	SL	3 000			7.	727
EQUIPMENT	12/31/2007	33,460	100 000			33,460	10,038	16,730	SL	5 0,00			6,692	92
L/H IMPROVEMENTS	12/31/2007	122,785	100 000			122,785	15,348	25,580	SL	12 000		_	10,232	32
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Less Retired Assets									_					
Subtotals														-
TOTALS														
AMORTIZATION														
Asset description	Date placed in service	Cost or basis					Accumulated , amortization	Ending Accumulated amortization	Code Life	ر و			Current-year amortization	
														- 1
							:			-				- 1
										— П				- 1
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			.,.											
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*Assets Retired														
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LAWYERS TRUST FUND OF ILLINOIS

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