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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

2010 Open to Public

OMB No 1545-0047

JUN 1. 2010 A For the 2010 calendar year, or tax year beginning and ending MAY Check if C Name of organization D Employer identification number Address change THE CHICAGO BAR FOUNDATION Name change 36-6109584 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin ated 321 SOUTH PLYMOUTH COURT 3в (312)554-1205 Amende 5,050,369. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-CHICAGO, IL 60604-3997 H(a) Is this a group return F Name and address of principal officer: ROBERT A. GLAVES Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [If "No," attach a list. (see instructions) J Website: ▶ WWW.CHICAGOBARFOUNDATION.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1948 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: THE CHICAGO BAR FOUNDATION (CBF) Activities & Governance MOBILIZES CHICAGO'S LEGAL COMMUNITY TO IMPROVE ACCESS TO JUSTICE. Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 33 Number of voting members of the governing body (Part VI, line 1a) 29 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>10</u> Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 <u> 300</u> Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 Ō. 7b Prior Year **Current Year** 3,965,611. 3,546,227 Contributions and grants (Part VIII, line 1h) Revenue 0 0. Program service revenue (Part VIII, line 2q) 384,783. 147,564. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -89,963. -139,324. 3,841,047. 12 3,973,851. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,214,167 2,770,901. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 977,097 1,006,340. 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) PRECESSES 4. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a 11d, 11 24f, 398,820. 356,292. Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25) 2 2011 4,590,084. 4,133,533. 749,037. -159,682. Revenue less expenses Subtract line 18 from line 12 Assets or | Balances Beginning of Current Year **End of Year** 5,232,656. 20 Total assets (Part X, line 16) 5,360,077. 21 900,668 699,236. Total liabilities (Part X, line 26) 4,331,988. Net assets or fund balances. Subtract line 21 from line 20 4,660,841. Part II | Signature Block Under penalties of perjuty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date Sign

ROBERT A. GLAVES, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature Paid WAYNE L. HARDER 1/arme Preparer RSM MCGLADREY INC Firm's name Firm's EIN Use Only Firm's address ONE SOUTH WACKER DRIVE, CHICAGO, IL 60606~3392 Phone no. 312-634-3400 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

) (Revenue \$

3,519,920.

(Expenses \$

4d Other program services (Describe in Schedule O.)

Total program service expenses

Form 990 (2010) THE CHICAGO BAR FOUNDATION

[Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		J	
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	_	 -
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		 	 -
•	duning the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	广		
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			•
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<u> </u>	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		l .	
	If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
122	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		-
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	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, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	!		v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	4.0		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
9	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	19	X	
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
_	operate one or more hospitals must attach audited financial statements (see instructions)	20b	لييا	
		Form '	ዓ ባብ /	/ntnc

Form 990 (2010) THE CHICAGO BAR FO Part IV Checklist of Required Schedules (continued)

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, committed to the Committed States on Part IX (and if if it is a committed in the United States on Part IX (and if if it is a committed in the United States on Part IX (and if it is a committed in the United States on Pa				Yes	No
22 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III! 23 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III! 24 Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 25 Dut the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Dut the organization maintain an escrow account other than a refunding escrow at any time during the year? 27 Dut the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28 Section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in an excess benefit transaction with a disqualified person during the year? If "Sc", complete Schedule L, Part II and that the transaction has not or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II and the substantial contributor, or a grant selection committee member, or to a person related to such an andividual II" "Yes," complete Schedule L, Part III 28 Was the organization provide a grant or other assistance to an officer, director, trustee, key employee; a substantial contributor, or a grant selection committee member, or to a person related to such an andividual II" "Yes," complete Schedule L, Part III 29 Dut the organization receive more officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part III 29 Dut the organization receive m	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		
column (A), line 27 II "Yes," complete Schedule I, Parts I and III 20 Did the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? II "Yes," complete Schedule I and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? II "Yes," answer lines 24b through 24d and complete Schedule II "No", go to have 25		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
Dot the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L II "No.", go to line 25 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", go to line 25 25b Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? 26c Did the organization minest and escrive account other than a refunding secroe with any time during the year? to delease any tax exempt bonds? 26d Did the organization 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 is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II 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 organizations with a year? If "Yes," complete Schedule L, Part II is the organization of former 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 IV is a family in the part I is a service of a person related to such an individual? If "Yes," complete Schedule L, Part IV is A family member of a current or former officer, director, trustee, or key employee; if "Yes," complete Schedule L, Part IV is A family member of a c	22			4	
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31,2002? If "Yes," answer lines 24 through 24d and complete Schedule I, "Two", go to line 25 246			22		_
Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of the year if "Yes," complete Schedule L, Part II be the organization act as an "on behalf of" issuer for bonds outstanding as an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II be 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person on the prior transaction has not been reported on the organization with a disqualified person on prior prior prior of the organization and the organization and the surface of the organiza	23	·			
240 Dit the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Pes," araswer imes 24 th through 24d and complete Schedule K. If "No", go to here 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? do the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? do the organization is and that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I 15 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 pnor Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I II 16 Was a loan to or by a current of former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes, complete Schedule L, Part I IV Did the organization apenty to a business transaction with one of the following parties (see Schedule L, Part I IV and a committee or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I IV A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I IV The secondary of the organi				l v	
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 28 b Did the organization mental an ascrow account other than a refunding secrow at any time during the year? of the organization maintain an ascrow account other than a refunding secrow at any time during the year? defease any tix exempt bonds? 24c 25d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any time during the year? 25d 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 "Yes," complete Schedule L, Part I "Yes," complete Schedule L, Part I "Yes," complete Schedule L, Part II" "Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II" "Yes," complete Schedule L, Part II" "Was a loan party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV instruction of the organization and party to a business transaction with one of the following parties (see Schedule L, Part IV instruction of the organization receive contributions of an instructions? If "Yes," complete Schedule L, Part IV instruction of the organization receive contributions of an instruction of the organization receive contributions of an instruction of the organization receive contributions of an instruction of the organization sel, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule L, Part IV instruction of the organization needed organization one organization needed organization? If "Yes," complete Schedule	04-	•	23	├ ^-	
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33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		- · · · · · · · · · · · · · · · · · · ·	32	- 1	Х
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
35 X a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? big Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	34	Was the organization related to any tax-exempt or taxable entity?			
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X		111		ľ	
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	_		36	X	
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X	37	·			
Note. All Form 990 filers are required to complete Schedule O 38 X	00		37		<u> </u>
	38		-	. l	
					010

Form 990 (2010) THE CHICAGO BAR FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ĺ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			i
	filed for the calendar year ending with or within the year covered by this return . 2a 10			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	·		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			1
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			l
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-	· -	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	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		
7	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	^	
Ç	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		х
А	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
q	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	- 1	ĺ	•
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	ŀ		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		- 1	
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans		l	
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	\dashv	
		ושרו		

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 3.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2.	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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 of the			
	governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
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	
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
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	Х	
b	Other officers or key employees of the organization	15b	X	
	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		- 1	
	taxable entity during the year?	16a		<u> </u>
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public			
:0	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and person of the person of	tion: 🕨	·	
	ROBERT A. GLAVES - 312-554-1205			
	321 S. PLYMOUTH COURT, #3B, CHICAGO, IL 60604			

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

Check if Schedule O contains a response to any question in this Part VII

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related	org	anıza	ation	ı co	mpe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	1		Pos				Reportable	Reportable	Estimated
	hours per	(0	hecl	k all	that	app	ly)	compensation	compensation	amount of
	week (describe	ğ						from the	from related organizations	other
	hours for	l di				ated	ŀ	organization	(W-2/1099-MISC)	compensation from the
	related	ste	trast	ľ	٠.	Bens		(W-2/1099-MISC)	(** = *********************************	organization
	organizations		Penal		l g	t com				and related
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	ļ		organizations
MR. JAMES P. CAREY	(0)	┢	H		_	F				
DIRECTOR	2.00	x				١.		0.	0.	0.
MR. ROBERT A. CLIFFORD	1	 	T		\vdash		\vdash			
DIRECTOR	2.00	X	1					0.	0.	0.
MR. WILLIAM F. CONLON										
DIRECTOR	2.00	X						0.	0.	0.
MR. DANIEL A. COTTER										
OFFICER - TREASURER	3.00	X		X				0.	0.	0.
HON, MORTON DENLOW										
DIRECTOR	2.00	X						0.	0.	0.
MS. PAULETTE DODSON										
OFFICER - SECRETARY	3.00	Х	<u> </u>	Х				0.	0.	0.
MR, THOMAS A. DOYLE								_		
DIRECTOR	2.00	Х				L.		0.	0.	0.
MS, JOAN FENCIK										_
DIRECTOR	2.00	X						0.	0.	0.
MR, G,A, FINCH	1					Ш		ا ا		_
DIRECTOR	2.00	X				Ш		0.	0.	0.
MS. CATHERINE E. GOLDHABER DIRECTOR	2.00	v						,		•
MR. SCOTT W. HENRY	2.00	Х	Щ			\vdash		0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0
MS. CLAIREEN L. HERTING	2.00	^				-		0.		0.
DIRECTOR	2.00	x						0.	0.	0.
MR. AUSTIN L. HIRSCH	2.00	 				\vdash	-	- 0.	· · ·	· · ·
DIRECTOR	2.00	x		ı				0.	0.	0.
MR. SCOTT HODES	2000		\dashv		_	\dashv	-	0.		
DIRECTOR	2.00	х	ı		i			0.	0.	0.
HON, MICHAEL B, HYMAN			\dashv			\dashv				
DIRECTOR	2.00	х		H	I			0.	0.	0.
MR. BLAINE C. KIMREY			T				\neg			
DIRECTOR	2.00	Х		ŀ				0.	0.	0.
MS. NANCY C. LOEB			\neg	\neg	\exists		_			
DIRECTOR	2.00	Х	[_	_ 1			0.	0.	0.

Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	<u>ınd l</u>	High	ıest	Compensated Employ	ees (continued)				
(A)	(B)			(C)		-	(D)	(E)			(F)	
Name and title	Average				ation			Reportable	Reportable		Es	tımate	d
	hours per	(cl	heck	all	that	app	yly)	compensation	compensation			nount o	of
	week (describe	ē						from	from related	- 1		other	
	hours for	dire			l	-	1	the organization	organizations (W-2/1099-MIS			pensat om the	
	related	tee or	stee	l		ig.	1	(W-2/1099-MISC)	(***271099-14110	Υ		anızatı	
	organizations	tes	nal tr		oyee	Ë.	1	(** 2, *********************************			_	i relate	
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınızatıc	ons
HON. PATRICK MCGANN	<u> </u>	=	=	l-	ž	7 5	-			-			
DIRECTOR	2.00	x	1	İ			İ	0.		0.			0.
MR. SAMUEL MENDENHALL		Ħ	_	\vdash		1	-						
DIRECTOR	2.00	Х				l	l	0.		0.			0.
MS. JESSICA ARONG O'BRIEN					Π				•				
DIRECTOR	2.00	X	Ш		igspace	<u> </u>	Ļ.,	0.		0.			0.
MR. STEPHEN R. PATTON	2 00	١.,			l								^
OFFICER - CBF PRESIDENT	3.00	X	_	X	┡	├	 	0.		0.			0.
MS. ALLEGRA R. RICH DIRECTOR	2.00	x			1			0.		0.			0.
MR. MATTHEW A. ROONEY	2.00	^	⊢	H	⊢	├	⊢	0.					<u> </u>
DIRECTOR	2.00	x		l				0.		0.			0.
MS. NANCY G. ROSS			-	-	┢	\vdash	\vdash	•			·		
DIRECTOR	2.00	Х						0.		0.			0.
MR. JESSE H. RUIZ													
DIRECTOR	2.00	Х		L		<u> </u>	L	0.		0.			0.
MS, CHARIS A, RUNNELS					ł		l	1					^
DIRECTOR	2.00	Х		<u> </u>		Ļ		0.		0.			0.
1b Sub-total	l Costion A							355,942.		0.	4	1,64	
 Total from continuation sheets to Part VI d Total (add lines 1b and 1c) 	i, Section A							355,942.		0.		1,64	
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wt	no re	 	.000 in reportable				
compensation from the organization	o	.000				o,			,000				3
												Yes	No
3 Did the organization list any former officer,	director or tru	stee	, key	en en	nplo	yee,	or h	nighest compensated en	nployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su	•		-						the organization			.,	
and related organizations greater than \$150	•									- }	4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com.	•				-		elat	ed organization or indivi	dual for services	1	5		x
Section B. Independent Contractors	piete Scriedali	5 0 1	0/ 31	icii	pers	3011		 			<u> </u>		 -
1 Complete this table for your five highest co.	mpensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of com	pensa	ation f	rom	
the organization NONE	· 												
(A)								(B)	j	_	(C		
Name and business	address						_	Description of s	ervices	<u> </u>	omper	sation	<u> </u>
							ł						
							7			•			
							_						
							ŀ						
							\dashv	-					
	 -						1						
2 Total number of independent contractors (ii	ncluding but n	ot lir	nrte	d to	tho	se lis	sted	above) who received m	ore than				
\$100,000 in compensation from the organiz	ation				()		77mG					

(D) Revenue excluded from (A) (B) (C) Total revenue Unrelated Related or business tax under sections 512, 513, or 514 exempt function revenue revenue Contributions, gifts, grants and other similar amounts 1a 1 a Federated campaigns b Membership dues 1b 485,350. 1c c Fundraising events 1d d Related organizations 1070125. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 2410136. similar amounts not included above 5,040. g Noncash contributions included in lines 1a-1f \$ 3965611 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 101,142. 101,142. other similar amounts) Income from investment of tax-exempt bond proceeds > Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 901181. assets other than inventory b Less: cost or other basis 854759 and sales expenses 46,422. c Gain or (loss) 46,422. 46,422. d Net gain or (loss) ▶ 8 a Gross income from fundraising events (not Other Revenue 485,350. of including \$ contributions reported on line 1c). See 72,930 Part IV, line 18 196846. b Less: direct expenses -123,916. -123916. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 9,505 Part IV, line 19 24,913. b Less: direct expenses -15,408. 0. -15,408. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 3973851. 0. 0. 8,240. 032009 12-21-10 Form 990 (2010)

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) (A) Total expenses Do not include amounts reported on lines 6b, Program service expenses Management and general expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 2,569,693 2,569,693 Grants and other assistance to individuals in 201,208 the U.S. See Part IV. line 22 201,208. Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV. lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 153,908. 98,359. 19,716. 35,833. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salanes and wages 640,842. 409,546. 82,095. 149,201. Pension plan contributions (include section 401(k) 7,962 5,087 1,025. 1,850. and section 403(b) employer contributions) 140,427. 48,979. 65,502. 25,946. Other employee benefits 63,201. 39,841. 8,463. 14,897. 10 Payroll taxes 11 Fees for services (non-employees): a Management 1,858. 1,858. b Legal 54,473. 54.473. Accounting Lobbying Professional fundraising services. See Part IV, line 17 11,278. 11,278. Investment management fees 14,852. 4,800. 10,052. Other g 12 Advertising and promotion 43,373. 8,836. 32,525. 2,012. 13 Office expenses 32,085. 3,300. 28,702. Information technology 83. 14 Royalties 15 59,390. 22,837. 34,181. 2,372. 16 Occupancy 31,853. 24,747. 7,106. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 29,552. 23,795. 5,687. 70. Conferences, conventions, and meetings 19 179. 8 171.Interest 20 Payments to affiliates 21 34,117. 16,392. 77. 17,648. 22 Depreciation, depletion, and amortization 1,775. 1,361. 287. 127.23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) DUES PAID 17,442. 8,477. 8,596. <u>369.</u> PUBLISHING EXPENSE 14,401. 11,910. 657. 1,834. AWARDS PROGRAM 2,770. 1,617. 1,153. LICENSE AND PERMITS 943. 918. đ 25. 5,951. 1,348. 4,601. All other expenses 258,624. Total functional expenses, Add lines 1 through 24f 4,133,533. 3,519,920. 354,989. 25 Joint costs. Check here if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2010)

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	161,008.	1	360,451.
	2	Savings and temporary cash investments	487,062.	2	26,476.
	3	Pledges and grants receivable, net	828,096.	3	778,565.
	4	Accounts receivable, net	81,070.	4	87,303.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II		1	
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
	ł	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
g		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	22 225	8	200-400
	9	Prepaid expenses and deferred charges	26,325.	9	29,122.
	10a	Land, buildings, and equipment cost or other	,		5.0
	1	basis. Complete Part VI of Schedule D 10a 586,844.	452 000		441 001
	Í	Less: accumulated depreciation 10b 144,953.	453,099. 3,195,996.	10c	441,891. 3,636,269.
	11	Investments - publicly traded securities	3,195,996.	11	3,030,209.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	 .	13	
	14	Intangible assets	-	14	
	15 16	Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34)	5,232,656.	15 16	5,360,077.
	17	Accounts payable and accrued expenses	30,418.	17	20,381.
	18	Grants payable	769,250.	18	561,455.
	19	Deferred revenue	91,000.	19	117,400.
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abil		highest compensated employees, and disqualified persons Complete Part II			
"		of Schedule L.		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	10,000.	25	0.
	26	Total liabilities. Add lines 17 through 25	900,668.	26	699,236.
		Organizations that follow SFAS 117, check here X and complete			
ê		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	372,923.	27	1,254,152.
Bal	28	Temporarily restricted net assets	3,893,065.	28	3,340,689.
5	29	Permanently restricted net assets	66,000.	29	66,000.
<u>.</u>		Organizations that do not follow SFAS 117, check here and			
S Of		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	<u></u>	31	
Net Assets or Fund Balance	32	Retained earnings, endowment, accumulated income, or other funds	1 221 000	32	A CCA 0.41
_	33	Total net assets or fund balances	4,331,988.	33	4,660,841.
	34	Total liabilities and net assets/fund balances	5,232,656.	34	5,360,077.

	1 990 (2010) THE CHICAGO BAR FOUNDATION	36-61	09584	Page 12
Pa	Reconciliation of Net Assets	-	_	
	Check if Schedule O contains a response to any question in this Part XI			X
				•
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,851.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,533.
3	Revenue less expenses Subtract line 2 from line 1	3		,682.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		.,988.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		,535.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,660	,841.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII		-	
				Yes No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O	- -	1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
b	Were the organization's financial statements audited by an independent accountant?		2b	X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a		ŀ
	separate basis, consolidated basis, or both			,
	X Separate basis Consolidated basis Both consolidated and separate basis			2.7
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit		1
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	
			Form 9	90 (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

THE CHICAGO BAR FOUNDATION

Employer identification number

		THE CH	CAGO BAR FOU	JNDAT]	ON				3	6-6109584	
Part I	Reason	for Public Cha	r ity Status (All organı	zations mi	ust comple	te this pai	rt.) See ins	tructions.			
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one l	box)				
1 🖳	A church, co	onvention of churche	es, or association of chu	rches desc	onbed in se	ection 170	X(b)(1)(A)(i).			
2 🖳	A school des	scribed in section 1	70(b)(1)(A)(ii). (Attach So	chedule E.)						
3 🖳	A hospital or	r a cooperative hosp	ital service organization	described	ın sectior	170(b)(1)	(A)(iii).				
4 📖	A medical re	search organization	operated in conjunction	with a ho	spital desc	nbed in s e	ection 170	Xb)(1)(A)(i	ii). Enter	the hospital's name,	
	city, and sta	te:									
5 📖	An organizat	tion operated for the	benefit of a college or u	iniversity o	wned or o	perated by	y a govern	mental un	rt describ	oed in	
	section 170	(b)(1)(A)(iv). (Compl	ete Part II)								
6 🖳	A federal, sta	ate, or local governn	nent or governmental un	rt describe	d in secti o	on 170(b)(1)(A)(v).				
7 LX	An organizat	tion that normally red	ceives a substantial part	of its supp	oort from a	governm	ental unit d	or from the	e general	public described in	
	section 170	(b)(1)(A)(vi). (Comple	ete Part II)								
8 🖳	A community	y trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 📖	An organizat	tion that normally red	ceives: (1) more than 33	1/3% of its	s support f	from contr	ibutions, r	nembersh	ıp fees, a	and gross receipts fro	m
	activities rela	ated to its exempt fu	nctions - subject to cert	aın except	ions, and (2) no more	e than 33	1/3% of its	suppor	t from gross investm	ent
	income and	unrelated business t	axable income (less sec	tion 511 ta	ax) from bu	usinesses	acquired b	y the orga	anızatıon	after June 30, 1975.	
		509(a)(2). (Complete	•								
10	An organizat	tion organized and o	perated exclusively to te	est for pub	lic safety.	See secti o	on 509(a)(4).			
11 📖	An organizat	tion organized and o	perated exclusively for to	he benefit	of, to perfe	orm the fu	nctions of	, or to carr	y out the	purposes of one or	
		· · · · · · -	ations described in sect		-		2) See se e	ction 509 (a)(3). Ch	eck the box that	
			organization and compl		•					~	
	a L Type		,,	• • •	e III - Fund	-	•		d L		
e			at the organization is not							•	
_			than one or more publich						9(a)(1) or	section 509(a)(2).	
f	_		tten determination from	the IRS th	at it is a Ty	/pe I, Type	II, or Type	e III		г	
		rganization, check ti								L	
9			organization accepted a			•		•			
		·	lirectly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and (iii) below	·	4o
			upported organization?							11g(i)	
		· ·	n described in (i) above?							11g(ii)	
_			person described in (i)	• •						11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(s).						
		r	(iii) Type of	kin la tha d		(v) Did vo		(vi) Is	the		
.,	of supported	(ii) EIN	organization		organization sted in your			Lorganizátio	on in col. Î	(vii) Amount of	
viga	inization		(described on lines 1-9		document?		r support?	(i) organız U.S		support	
		•	above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
				1.00	110	100		1.03			
				ł		!	ĺ				
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rotal											

Schedule A (Form 990 or 990-EZ) 2010 THE CHICAGO BAR FOUNDATION 36-6109584 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support				· -		
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not]					
	include any "unusual grants ")	4,887,473.	1,879,608.	2,291,892.	3,546,227.	3,965,611.	16,570,811.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,887,473.	1,879,608.	2,291,892.	3,546,227.	3,965,611.	16,570,811.
	The portion of total contributions			. "	· · · · · · · · · · · · · · · · · · ·		
	by each person (other than a			Ę	ř		
	governmental unit or publicly			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	•		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	ļ ;					360,322.
6	Public support. Subtract line 5 from line 4				,		16,210,489.
	ction B. Total Support				·		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	4,887,473.	1,879,608.	2,291,892.	3,546,227.	3,965,611.	16,570,811.
	Gross income from interest,		. ,		, ,		, , ,
Ü	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources	252,610.	279,201.	187,162.	101,035.	101,142.	921,150.
a	Net income from unrelated business		,,		202,0001		322,2001
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			· · · · · · · · · · · · · · · · · · ·			
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						17,491,961.
	Gross receipts from related activities,	ete (see instruction		I		12 1	,096,593.
	First five years. If the Form 990 is for	•	•	d fourth or fifth to	ıv vear as a sectio		,000,000.
13	organization, check this box and stop	-	mst, second, time	u, iouitii, or iiitii ta	ix year as a section	1 50 1(0)(3)	
Sec	tion C. Computation of Publ		rcentage				
	Public support percentage for 2010 (I			olumo (fi)		14	92.67 %
	Public support percentage from 2009			0.0 (1))		15	91.01 %
	33 1/3% support test - 2010.If the or	•	•	line 13, and line 1	l 4 is 33 1/3% or m		
	stop here. The organization qualifies			*	4 10 00 17070 01 111	ore, ericen trile ber	►X
b	33 1/3% support test - 2009.If the or		-		line 15 is 33 1/3%	or more, check thi	
~	and stop here. The organization quali	•		•		or more, encon an	▶ □
17a	10% -facts-and-circumstances test		•		13 16a or 16b a	nd line 14 is 10% (or more
174	and if the organization meets the "fac	=					•
	meets the "facts-and-circumstances"			•	•	t iv now the organ	Lation
h		-	-		•	7a and line 15 is 1	P
D	10% -facts-and-circumstances test	-					U70 UI
	more, and if the organization meets the						▶□
4 0	organization meets the "facts and-circ		•	•	, .,		
10	Private foundation. If the organization	n did not check a t	JUX OIT IIITE 13, 168	1, 100, 1/a, or 1/b	, cneck this box a	no see instructions	

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support			****		-	
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and				\-/ = = = =	1 19/2010	7
	membership fees received. (Do not		ŀ				
	include any "unusual grants.")		<u> </u>			1	
2	Gross receipts from admissions.				 		
-	merchandise sold or services per-						
	formed, or facilities furnished in	j		[İ
	any activity that is related to the	Ì		1			
_	organization's tax-exempt purpose				 	1	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	-					
	iness under section 513					<u> </u>	
4	Tax revenues levied for the organ-			<u> </u>			
	ızatıon's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						ĺ
	furnished by a governmental unit to						
	the organization without charge				L		
6	Total. Add lines 1 through 5					ļ	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			<u> </u>	<u> </u>		
	Public support (Subtract line 7c from fine 6)						
Se	etion B. Total Support	<u>. </u>		<u> </u>	1	l	L
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	(8) 2000	(0) 2001	(0) 2000	(4) 2005	(0)2010	(i) rotal
	Gross income from interest,		·			 	
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources Unrelated business taxable income					 	
ı,				1	ļ		
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
	Add lines 10a and 10b					ļ	
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is]		
	regularly carried on		· · · · · · · · · · · · · · · · · · ·				
12	Other income Do not include gain or loss from the sale of capital]	
	assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here				•		
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2010 (ine 8, column (f) di	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2009				_	16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	10 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2	•	•			18	%
	33 1/3% support tests - 2010. If the	•	•	on line 14. and line	15 is more than :		
	more than 33 1/3%, check this box a	•		•		•	▶□
h	33 1/3% support tests - 2009. If the		•	, ,	• • •		and
J	line 18 is not more than 33 1/3%, che	=					
20			-	•		•	
40	Private foundation. If the organization	n did not check a l	oux on line 14, 19	a, or 190, cneck tr	iis dox and see in	structions	┸

Form 990 (2010) THE CH	CAGO BAR	F (וטט	NDA	A'I'.	TO	N_		36-610	9584
Part VII Section A. Officers, Directors,	Trustees, Key E	mple	oyee	es, a	nd l	High	nest	Compensated Employ	rees (continued)	
(A) Name and title	(B) Average hours			(e Pos	C) ition	1	•	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
MS. KAARINA SALOVAARA OFFICER - CBF VICE PRESIDENT	3.00	x		x				0.	0.	0
MR. JOHN C. SCIACCOTTA	3.00	Ë	⊢	 	-	\vdash	┢╾	0.		
DIRECTOR	2.00	x						0.	0.	0
MR. CHARLES F. SMITH	2.00	^	\vdash	\vdash	┢╌	\vdash	⊢	· · · · · · · · · · · · · · · · · · ·	· ·	•
DIRECTOR	2.00	v	ļ					0.	0.	0
MS. NATALIE J. SPEARS	2.00	₽	\vdash	⊢	\vdash	⊢	⊢	0.	U •	<u> </u>
OFFICER- 2ND VICE PRESIDENT	3.00	y		x				0.	0.	0
MS. ANN M. SPILLANE	3.00	₽	-	<u> </u>	 	\vdash	\vdash	J	<u> </u>	
DIRECTOR	2.00	y	l			l		0.	0.	0
MR. TERRENCE J. TRUAX	2.00	^	 	-		<u> </u>	⊢	0.	0.	
DIRECTOR	2.00	x.			ŀ			0.	0.	0
MS. ZEOPHUS J. WILLIAMS	2.00	1	\vdash	 		 	├	0.	•	
DIRECTOR	2.00	x						0.	0.	0
MR. MATTHEW A.C. ZAPF	2,00			\vdash	Н	┢	├			
DIRECTOR	2.00	x				ŀ		0.	0.	0
ROBERT A. GLAVES	1 2:00	 	\vdash			┢	├		0.	0
EXECUTIVE DIRECTOR	60.00			х				130,090.	0.	22,578
DINA MERRELL		\vdash		 •		┢	\vdash	130,030.		22,570
ASSOCIATE DIRECTOR	55.00					x	ŀ	105,090.	0.	7,295
JOE DAILING		 				-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PROGRAM DIRECTOR	40.00	<u> </u>				х	_	120,762.	0.	11,773
										"
otal to Part VII, Section A, line 1c								355,942.		41,646

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

▶ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Section	on 501(c)(4), (5), or (6) organiza	itions: Complete Part III.	•	,,	,
Name of c	organization			Empl	oyer identification number
	THE CHI	CAGO BAR FOUNDAT	ION		36-6109584
Part I-	A Complete if the or	ganization is exempt und	der section 501(c)	or is a section 527 o	rganization.
2 Politi	ide a description of the organi cal expenditures nteer hours	zation's direct and indirect politic	cal campaign activities	in Part IV. ▶ \$	
Part I-I	Complete if the or	ganization is exempt und	ler section 501(c))(3).	
		incurred by the organization und		<u> </u>	
	•	incurred by organization manag			
	·	on 4955 tax, did it file Form 4720		•	Yes No
	a correction made?		, , , , , , , , , , , , , , , , , , , ,		Yes No
b If "Ye	es " describe in Part IV,				
Part I-0	C Complete if the org	ganization is exempt und	er section 501(c)	, except section 501(c)(3).
1 Enter	the amount directly expende	d by the filing organization for se	ction 527 exempt fund	ction activities >\$	
2 Enter	the amount of the filing organ	nization's funds contributed to ot	ther organizations for s	section 527	
exem	pt function activities			▶\$	
3 Total	exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	- ,	
line 1	7b			▶\$	
4 Did tl	he filing organization file Form	1120-POL for this year?			Yes No
5 Enter	the names, addresses and er	mployer identification number (El	N) of all section 527 pe	olitical organizations to whic	h the filing organization
	• •	ition listed, enter the amount pai	~ ~		•
		omptly and directly delivered to			te segregated fund or a
politic	cal action committee (PAC) If	additional space is needed, prov	/ide information in Parl	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
	· · · · · · · · · · · · · · · · · · ·		-		
					
			1		•

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

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010	THE CHIC	AGO BAR FOUNI	OATION	36-6	109584 Page 2	
Part II-A Complete if the org	-	kempt under section	on 501(c)(3) and fi	led Form 5768		
(election under sec		 		_		
A Check If the filing organiza	•	• '				
B Check ► ☐ if the filing organiza	tion checked box	and "limited control" pr	ovisions apply.	1		
	its on Lobbying Ex ditures" means an	penditures nounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals	
1a Total lobbying expenditures to infl	18,535.					
b Total lobbying expenditures to infl	•			938.		
c Total lobbying expenditures (add I	ines 1a and 1b)			19,473.		
d Other exempt purpose expenditur	es			4,114,060.		
e Total exempt purpose expenditure	es (add lines 1c and	l 1d)		4,133,533.		
f Lobbying nontaxable amount. Ent	er the amount from	the following table in bo	th_columns	356,677.		
If the amount on line 1e, column (a)	or (b) is: The	obbying nontaxable am	ount is:			
Not over \$500,000	20%	of the amount on line 1e				
Over \$500,000 but not over \$1,00	0,000 \$100	,000 plus 15% of the exc	cess over \$500,000		4	
Over \$1,000,000 but not over \$1,5	500,000 \$175	,000 plus 10% of the exc	cess over \$1,000,000.		· · · · ·	
Over \$1,500,000 but not over \$17	,000,000 \$225	,000 plus 5% of the exce	ess over \$1,500,000.		· ·	
Over \$17,000,000	\$1,00	00,000.				
g Grassroots nontaxable amount (er	nter 25% of line 1f)			89,169.		
h Subtract line 1g from line 1a If zer	o or less, enter -0-			0.		
s Subtract line 1f from line 1c. If zero	o or less, enter -0-			0.		
j If there is an amount other than ze	ro on either line 1h	or line 1i, did the organiz	ation file Form 4720			
reporting section 4911 tax for this	year?				YesNo	
, ,	ations that made	Averaging Period Under a section 501(h) electio	n do not have to com			
cc		the instructions for line		age 4.)		
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period	r		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a Lobbying nontaxable amount	371,315	316,794.	379,504.	356,677.	1,424,290.	
b Lobbying ceiling amount (150% of line 2a, column(e))					2,136,435.	
c Total lobbying expenditures	29,364	17,298.	19,106.	19,473.	85,241.	
d Grassroots nontaxable amount	92,829	79,199.	94,876.	89,169.	356,073.	
e Grassroots ceiling amount (150% of line 2d, column (e))	· · · · · · · · · · · · · · · · · · ·				534,110.	
f Grassroots lobbying expenditures	16,297	12,974.	18,205.	18,535.	66,011.	

Schedule C (Form 990 or 990-EZ) 2010 THE CHICAGO BAR FOUNDATION 36-6109584 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amo	-
1	During the year, did the filing organization attempt to influence foreign, national, state or	1			
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of	1			
a	Volunteers?	1			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
1	Other activities? If "Yes," describe in Part IV				
J	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		***************************************
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."	rt III-A, li		nswered	
1	Dues, assessments and similar amounts from members		1_1_		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year		. 2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
-	olete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and additional information.	nd Part II-B,	line 1i. Also	, complete	this part
-			-	-	
·					
					 -

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

2010 Open to Public Inspection

Name of the organization

THE CHICAGO BAR FOUNDATION

Employer identification number 36-6109584

Pa	rt I Organizations Maintaining Donor Advised		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6		
			(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		***************************************
5	Did the organization inform all donors and donor advisors in wi	rting that the assets held in donor advised fu	nde
•	are the organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and donor adv	-	
•	for charitable purposes and not for the benefit of the donor or	ů ů	•
	impermissible private benefit?	donor advisor, or for any other purpose come	Yes No
Pa		nization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization		, mio i
•	Preservation of land for public use (e.g., recreation or edi	· — — · · · · · ·	illy important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	Treservation of a certifical	istorio structure
2	Complete lines 2a through 2d if the organization held a qualifie	od conservation contribution in the form of a c	onservation easement on the last
_	day of the tax year		onservation easement on the last
	22, 0. 0.0 (20.) 02.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aff		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the orga	
	year >	,g,	
4	Number of states where property subject to conservation ease	ement is located ▶	
5	Does the organization have a written policy regarding the perio		
	violations, and enforcement of the conservation easements it h	• • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements during	the year >
7	Amount of expenses incurred in monitoring, inspecting, and en		· ———
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		•
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	ortion, education, or research in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describe		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and l	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu		
	relating to these items:	,	
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial dain.	
-	the following amounts required to be reported under SFAS 116	· ·	· m· = · ·
а	Revenues included in Form 990, Part VIII, line 1	. Fiz a seek remained to allow Hollon	▶ \$
	Assets included in Form 990. Part X		\$

		CAGO BAR F						09584	
Pa	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures,	or Othe	er Simila	r Asse	ts (continu	ued)
3	Using the organization's acquisition, access	on, and other record	ls, check any of the	following tha	at are a s	ignificant L	se of its	collection	items
	(check all that apply).								
а	a Public exhibition d Loan or exchange programs								
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	n how they further t	he organizati	on's exe	mpt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or oth	er sımıla	r assets			
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	n answered	"Yes" to	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other as	sets not	ıncluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	☐ No
	If "Yes," explain the arrangement in Part XIV								
Pai	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line 1	0.			
		(a) Current year	(b) Prior year	(c) Two year		(d) Three ye	ars back	(e) Four yo	ears back
1a	Beginning of year balance	66,000.	66,000.	6	6,000.		, ,	*	
b	Contributions								
С	Net investment earnings, gains, and losses						· · · · · · · · · · · · · · · · · · ·	<u> </u>	
d	Grants or scholarships					<u> </u>			
е	Other expenditures for facilities								
	and programs							<u> </u>	
f	Administrative expenses					 		<u> </u>	
g	End of year balance	66,000.	66,000.	6	6,000.			<u> </u>	
2	Provide the estimated percentage of the year	r end balance held a	s:						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.00	%							
С		%							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administe	ered for the	he organiza	ation	_	
	by:								es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations		.					3a(ii)	X
þ	If "Yes" to 3a(ii), are the related organizations	· · · · · · · · · · · · · · · · · · ·						3b	
4 Par	Describe in Part XIV the intended uses of the								
Pai		1							
	Description of investment	(a) Cost or of				ccumulated	¹	(d) Book v	ratue .
		basis (investri	nent) basis ((orner)	aet	oreciation			
	Land			0 524		04 42	.,	255	100
	Buildings		45	9,524.		104,42	* •		,100.
	Leasehold improvements		10	7,320.		40 ፍን		06	701
	Equipment		14	1,320.		40,52	3.	00	,791.
	Other (7)		Y 1 2 1	0(-1)			-	777	.891.
: otal	Add lines 1a through 1e (Column (d) must e	uuai Fonn 990-PAN	a. coiumn (B). IMP 1	UICLL			→ i	~ ~ ~ ~ 1	. U 7 L .

Schedule D (Form 990) 2010

Part VII	Investments - Other Securities.	See Form 990, Part X, line	e 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua	
(1) Financi	al derivatives			J. J. J. J. J. J. J. J. J. J. J. J	
	r-held equity interests				
(3) Other					
(A)					
(B)					
(C)	-				
(D)					
(E)					
(F)					
(G)				<u>~</u>	
(H)		-			
(I)	200 0		· 		
Dort VIII	b) must equal Form 990, Part X, col (B) line 12.)				
Part VII	Investments - Program Related.	See Form 990, Part X, lin	e 13	/-> \$4-4bd6b	
	(a) Description of investment type	(b) Book value	Co	(c) Method of valua est or end-of-year mar	
(1)					
(2)					
(3)			+		
(4)		†	-		
(5) (6)					· · · · · · · · · · · · · · · · · · ·
(7)					
(8)		-			
(9)					
(10)					
	o) must equal Form 990, Part X, col (B) line 13.)			-	
Part IX	Other Assets. See Form 990, Part X, lin	e 15	•		
	(a) Description			(b) Book value
(1)					
(2)					<u></u>
(3)			<u>, </u>		
(4)	<u> </u>				
(5)	-			<u>,</u>	
(6)			·····		·····
(7)		···			
(8) (9)					
(10)	· · · · ·				
	ımn (b) must equal Form 990, Part X, col (B) lir	ne 15)			
Part X	Other Liabilities. See Form 990, Part X	. line 25			
1.	(a) Description of liability		(b) Amount	[
	leral income taxes			1	
(2)				1	
(3)				1	
(4)				1	
(5)]	
(6)					
(7)					
(8)					
(9)	· · · · · · · · · · · · · · · · · · ·				
(10)					
(11)					
2. FIN 48 (AS	mn (b) must equal Form 990, Part X, col (B) lir C 740) Footnote in Part XIV, provide the text of the tootnote C 740)	to the organization's financial sta	ttements that reports the organ	ization's liability for Uncertai	n tax positions under
032053 12-20-10				Sche	edule D (Form 990) 2010

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	icial State	emen	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		3,973,851.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		4,133,533.
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		-159,682.
4	Net unrealized gains (losses) on investments		4		488,535.
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	•		7		
	Prior period adjustments		-		
8	Other (Describe in Part XIV.)		8		100 E2E
9	Total adjustments (net). Add lines 4 through 8		9		488,535. 328,853.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar		10		
_	t XII Reconciliation of Revenue per Audited Financial Stateme	ents with Reve	nue per F		
1	Total revenue, gains, and other support per audited financial statements			1	4,462,386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1 40			1
а	Net unrealized gains on investments	2a 48	8,535.		
b	Donated services and use of facilities	2b			
С	Recovenes of prior year grants	2c]	
d	Other (Describe in Part XIV)	2d]	
e	Add lines 2a through 2d			2e	488,535.
3	Subtract line 2e from line 1			3	3,973,851.
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			
b	Other (Describe in Part XIV.)	4b		1	
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	3,973,851.
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per	Retu	
1	Total expenses and losses per audited financial statements			1	4,133,533.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		ł	
ь	Prior year adjustments	2b		1 1	
c	Other losses	2c		1]	
_	Other (Describe in Part XIV)	2d		1	
d		_ ZU		.	0.
_	Add lines 2a through 2d			2e	4,133,533.
3	Subtract line 2e from line 1			3	4,133,333.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1	
b	Other (Describe in Part XIV)	4b		1	0
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	4,133,533.
	t XIV Supplemental Information		 		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II		•		
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
PAF	T V, LINE 4: ENDOWMENT FUNDS ARE DONOR RE	STRICTED T	O EITH	ER .	PROVIDE
CD 7	NIME MO 3 LEGAL ATD ODGANIZAMIONG OD D E	OD ODDD3.07	OMG		
GRA	NTS TO A) LEGAL AID ORGANIZATIONS OR B) F	OR OPERATI	UNS.	-	
			_		
ם אם	M V IINE 2. MUE ECIMINAMION IC EVENDO EDO	M TNOOME E	וז סמעגו	3773 E3	n
PAR	T X, LINE 2: THE FOUNDATION IS EXEMPT FROM	M INCOME T	AXES U	NDE	K
CEC	TON SOLICA (2) OF THE TAMEDANT DEVENTE CO	ממג מונג שמ	TTOADT	ייט ייז	הזגז כותגת
250	TION 501(C)(3) OF THE INTERNAL REVENUE CO	DE AND APP	TICADL	E 3	TATE LAW.
EFF	ECTIVE FOR FISCAL YEAR 2010, THE FOUNDATION	ON ADOPTED	THE A	CCO	UNTING
			-		
STA	NDARD ON ACCOUNTING FOR UNCERTAINTY IN IN	COME TAXES	, WHIC	H A	DDRESSES
				Sched	lule D (Form 990) 2010

THE CHICAGO BAR FOUNDATION

Schedule D (Form 990) 2010

36-6109584 Page 4

THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE
CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.
UNDER THIS GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN
UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX
POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON
THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCLUDE
THE TAX-EXEMPT STATUS OF THE FOUNDATION AND VARIOUS POSITIONS RELATED TO
THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX
BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE
MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT
LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. FOR FISCAL YEAR
2010, THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS
LIABILITIES.
THE AGENCY FILES FORMS 990 IN THE U.S. FEDERAL JURISDICTION AND THE STATE
OF ILLINOIS. THE AGENCY IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY
THE INTERNAL REVENUE SERVICE FOR YEARS BEFORE 2007.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization				•			ntification number
	CAGO BAR FOUNDATIO					36-6109	
Fundraising Activities required to complete this par	Complete if the organization answer t	ered "\	es" te	o Form 990, Part IV,	line 1	7 Form 990-E2	filers are not
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the	e Solicitar f Solicitar g Special or oral agreement with any individual fart VII) or entity in connection with p riduals or entities (fundraisers) purs	tion of tion of fundra (inclui	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services	stees	Tes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iit) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser red in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	77-10						
M-78-79-70-70-70-70-70-70-70-70-70-70-70-70-70-							
•							
Total			>			···-·	
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	t it is	exempt from re	egistration
	· · · · · · · · · · · · · · · · · · ·						
						···-	
							
							
			-				

Schedule G (Form 990 or 990-EZ) 2010 THE CHICAGO BAR FOUNDATION 36-6109584 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through FALL BENEFITLUNCHEON 2 col. (c)) (event type) (event type) (total number) 252,955. 197,300. 108,025. 558,280. 1 Gross receipts 215,500. 192,450. 77,400 485,350. 2 Less: Charitable contributions 37,455 4,850. 72,930. 30,625 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 18,986. 5,771. 2,353 27,110. Rent/facility costs 107,586. 32,700 13,331 153,617. Food and beverages 4,725 4,725. 8 Entertainment 2,394. 693 11,394. 8,307. 9 Other direct expenses 196,846, 10 Direct expense summary, Add lines 4 through 9 in column (d) -123,916. 11 Net income summary. Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990 EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col (c)) 9,505 9,505. Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 22,109. 22,109. 2,804 2,804. Other direct expenses X Yes 100.00 % Yes Yes % 6 Volunteer labor No 24,913 7 Direct expense summary. Add lines 2 through 5 in column (d) <15,408.> 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: IL X Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes X No

b If "Yes," explain:

Sch	nedule G (Form 990 or 990-EZ) 2010 THE CHICAGO BAR FOUNDATION 3 (<u>6-6109584</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	X Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	X No
13	Indicate the percentage of gaming activity operated in:		
á	a The organization's facility	13a	.00 %
t	b An outside facility	13ь 100	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,
	Name MEREDITH MAZZUCA		
	Address ▶ 321 S. PLYMOUTH COURT - CHICAGO, IL 60604		· · · · · · · · · · · · · · · · · · ·
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	c If "Yes," enter name and address of the third party:		
	Name	-	
	Address >		
46			
16	Gaming manager information:		
	Name ► MEREDITH MAZZUCA	 	
	Garning manager compensation ► \$ 2 , 800 .		
	Description of services provided ▶ AS THE STAFF PERSON RESPONSIBLE FOR EVENT	'S (AS WE	LL
	AS MANY OTHER THINGS THAT SHE DOES) SHE COORDINATES ALL THI	EVENTS,	
	INCLUDING ONES THAT HAVE GAMING.		
	Director/officer		
17	Mandatory distributions:		
	a is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	ne	
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	s (III) and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform	ation (see instruc	tions).
			
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

2010
Open to Public Inspection

Complete if the organization answered "Yes" to Form 890, Part IV, line 21 or 22.

Attach to Form 990.

Schedule I (Form 990) (2010) **2** Employer identification number 36-6109584 BRANT - MEMBERSHIP & CLE ADVANTAGE FOR GRANTEES DRGANIZATIONAL SUPPORT ORGANIZATIONAL SUPPORT (h) Purpose of grant DRGANIZATIONAL AND ORGANIZATIONAL AND or assistance DRGANIZATIONAL AND X Yes PROJECT SUPPORT PROJECT SUPPORT PROJECT SUPPORT 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. Part II can be duplicated if additional space is needed ame and address of organization (b) EIN (c) IRC section or government and address of organization (b) EIN (c) IRC section (d) Amount of received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of received more and address of organization of received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of received more and address of organization (d) Amount of received more and address of organization (e) EIN applicable cash grant and address of organization of received more and address of organization of received more and address of organization of received more and address of organization of received more and address of organization of received more and address of organization of received more and address of organization of received more and received m Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ö o 0 ö ö ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 500 15,000 198,986 15,250, 52,275 41,000 œ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. THE CHICAGO BAR FOUNDATION 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(6) 501(C)(3) Enter total number of section 501(c)(3) and government organizations 36-3563802 36-2997680 36-0896550 36-3292607 36-3203809 36-2775706 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations CHICAGO COALITION POR THE HOMELESS 1 (a) Name and address of organization CENTER FOR DISABILITY & ELDER LAW - LAW PROJECT - 70 E. LAKE ST., CABRINI GREEN LEGAL AID CLINIC CENTER FOR CONFLICT RESOLUTION AIDS LEGAL COUNCIL OF CHICAGO 180 N. MICHIGAN, SUITE 2110 11 E. ADAMS ST., SUITE 500 79 W. MONROE, SUITE 919 CHICAGO BAR ASSOCIATION IL 60601 321 S. PLYMOUTH COURT 740 N. MILWAUKEE AVE. Name of the organization CHICAGO, IL 60642 CHICAGO, IL 60603 CHICAGO, IL 60604 CHICAGO, IL 60603 CHICAGO, IL 60601 700 - CHICAGO, Parti Part II N

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Schedule I (Form 990) THE CHICAGO BAR FOUNDATION

Schedule I (Form 990) DRGANIZATIONAL SUPPORT DRGANIZATIONAL SUPPORT DRGANIZATIONAL SUPPORT (h) Purpose of grant or assistance ORGANIZATIONAL AND ORGANIZATIONAL AND ORGANIZATIONAL AND ORGANIZATIONAL AND ORGANIZATIONAL AND PROJECT SUPPORT ROJECT SUPPORT PROJECT SUPPORT PROJECT SUPPORT PROJECT SUPPORT PROJECT SUPPORT (g) Description of non-cash assistance Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) ö 0 Ö ö ٥. ö 0 Ö ö (e) Amount of non-cash assistance (d) Amount of cash grant 27,750. 527,385. 10,000. 20,000. 10,000 261,500, 29,500, 549,797 10,000 (c) IRC section if applicable 51-0189264 501(C)(3) 501(C)(3) 36-2167048 501(C)(3) 20-3096347 501(C)(3) 501(C)(3) 501(C)(3) 36-3863573 501(C)(3) 23-7376023 501(C)(3) 501(C)(3) 36-3200465 36-3533031 23-7164989 36-3361312 (b) EIN CIVIL RIGHTS UNDER LAW, INC. - 100 FOUNDATION - 100 N. LASALLE, SUITE JACKSON BLVD. - CHICAGO, IL 60604 INCARCERATED MOTHERS - 70 E. LAKE PROGRAM LEGAL SERVICES (CARPLS) -N. LASALLE, SUITE 600 - CHICAGO, CHICAGO VOLUNTEER LEGAL SERVICES LAW-LEGAL RESOURCE PROJECT FOR CHICAGO LAWYERS COMMITTEE FOR COORDINATED ADVICE & REPERRAL 17 N. STATE ST., SUITE 1850 -ST., 1120 - CHICAGO, IL 60601 20 N. MICHIGAN AVE, SUITE 300 DEPAUL UNIVERSITY COLLEGE OF IMMIGRATION - SERVICES 26 E. (a) Name and address of organization or government CHICAGO LEGAL ADVOCACY FOR 208 S. LASALLE, SUITE 740 900 - CHICAGO, IL 60602 725 S. WELLS, SUITE 702 PAMILY DEFENSE CENTER CHICAGO LEGAL CLINIC EQUIP FOR EQUALITY CHICAGO, IL 60602 CHICAGO, IL 60607 CHICAGO, IL 60617 CHICAGO, IL 60604 CHICAGO, IL 60602 2938 E. 91ST ST. DONORS FORUM IL 60602

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Schedule (Form 990) THE CHICAGO BAR FOUNDATION Part II Continuation of Grants and Other Assistance to Consumments and Organication of Grants and Other Assistance to Consumments and Other Assistance to Consum	GO BAR FO	FOUNDATION	1		(((((((((((((((((((36-6109584 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH AND DISABILITY ADVOCATES 205 W. MONROE ST., 3RD FLOOR CHICAGO, IL 60606	36-4042562	501(C)(3)	22,000.	0			DRGANIZATIONAL AND PROJECT SUPPORT
ILLINOIS EQUAL JUSTICE FOUNDATION 180 N. STETSON, SUITE 820 CHICAGO, IL 60601	37-1188469	501(c)(3)	10,000.	0.			ORGANIZATIONAL SUPPORT/EQUAL JUSTICE ILLINOIS CAMPAIGN
ILLINOIS LEGAL AID ONLINE 17 N. STATE ST., SUITE 1590 CHICAGO, IL 60602	20-2917133	501(C)(3)	145,000.	.0			DRGANIZATIONAL AND PROJECT SUPPORT
LAW PROJECT OF CLCCRUL, THE (FORMERLY CEDLP) - 100 N. LASALLE, SUITE 600 - CHICAGO, IL 60602	51-0189264	501(C)(3)	70,000.	0.			ORGANIZATIONAL AND PROJECT SUPPORT
LAWYERS' COMMITTEE FOR BETTER HOUSING - 100 W. MONROE, SUITE 1800 - CHICAGO, IL 60603	36-3134577	501(C)(3)	30,000.	0.			ORGANIZATIONAL SUPPORT
LAWYERS FOR CREATIVE ARTS 213 WEST INSTITUTE PLACE, SUITE 403 CHICAGO, IL 60610	23-7310602	501(C)(3)	.005,200	0			ORGANIZATIONAL SUPPORT
LEGAL AID BUREAU OF METROPOLITAN FAMILY SERVICES - ONE NORTH DEARBORN, 10TH FLOOR - CHICAGO, IL 60602	36-2167940	501(C)(3)	20,000.	0.			DRGANIZATIONAL AND PROJECT SUPPORT
LEGAL ASSISTANCE FOUNDATION OF METROPOLITAN CHICAGO - 111 W. JACKSON BLVD CHICAGO, IL 60604	36-2754650	501(C)(3)	325,000.	.0			DRGANIZATIONAL AND PROJECT SUPPORT
LIFE SPAN - CENTER FOR LEGAL SERVICES & ADVOCACY - 20 E. JACKSON BLVD., SUITE 500 - CHICAGO, IL 60604	36-2991281	501(C)(3)	10,000.	0.			ORGANIZATIONAL SUPPORT
ГНА							Schedule I (Form 990)

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Schedule I (Form 990) THE CHICAGO BAR FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	GO BAR FC	UNDATION	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		36-6109584 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWEST CENTER ON LAW & THE DEAF P.O. BOX 804297 CHICAGO, IL 60680	36-4133109	501(c)(3)	10,000.	.0			DRGANIZATIONAL SUPPORT
NATIONAL IMMIGRANT JUSTICE CENTER 208 S. LASALLE, SUITE 1818 CHICAGO, IL 60604	36-4053244	501(c)(3)	20,000.	0.			DRGANIZATIONAL AND PROJECT SUPPORT
PUBLIC INTEREST LAW INITIATIVE 321 N. CLARK ST., 28TH FLOOR CHICAGO, IL 60610	36-3059660	501(c)(3)	10,000.	.0			DRGANIZATIONAL SUPPORT
SARGENT SHRIVER NATIONAL CENTER ON POVERTY LAW - 50 E, WASHINGTON ST., STE 500 - CHICAGO, IL 60602	36-3151279	501(c)(3)	7,500.	.0			DRGANIZATIONAL SUPPORT
UPTOWN PEOPLE'S LAW CENTER 4413 N. SHERIDAN CHICAGO, IL 60640	36-3060933	501(c)(3)	32,500.	.0			DRGANIZATIONAL AND PROJECT SUPPORT
WORKING HANDS LEGAL CLINIC 77 W. WASHINGTON, SUITE 1402 CHICAGO, IL 60602	20-8823323	501(C)(3)	20,000.	0			ORGANIZATIONAL SUPPORT
ГНА							Schedule I (Form 990)

Schedule I (Form 990) (2010) THE CHICAGO BAR FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Page 2

36-6109584

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(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MORSCH AWARD	1	10 000	0		
SUN TIMES AND ANDERSON PELLOWSHIPS	22	2	.0		
MAROVITZ SCHOLARSHIP	3	35,000.	0		
MOSES SCHOLARSHIP	1	15,000.	0.		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	n required in Part I, Ii	ine 2, and any other	additional information	
SCHEDULE I, PART I, LINE 2: EACH G	GRANTEE M	MUST SUBMIT	ANNUAL FI	FINANCIAL	
STATEMENTS AND THE CBF DOES SITE V	VISITS TO	THE GRANTEE	EE ORGANIZATIONS	ATIONS	
ANNUALLY.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990.
► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

THE CHICAGO BAR FOUNDATION

Employer identification number

36-6109584 **Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items First-class or charter travel ☐ Housing allowance or residence for personal use. Travel for companions Payments for business use of personal residence Tax indemnification and gross up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of Х a The organization? 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? $\overline{\mathbf{X}}$ b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х ınıtıal contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2010

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-{iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Earm 990.
	8	130,090.	0	0	1.390.	22.428.	153 908	
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	Ξ							
3	(ii)							
	Θ							
4	(ii)							
	(1)							
5	(ii)							
	(1)							
9	(II)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	Θ							
6	(ii)							
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10	<u> </u>							
	ε							
11	⊞							
	ε							
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	Ξ							
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	Ξ	3.0						
14	(1)							
	ε							
15	3							
	ε							
16	Ξ							

Schedule J (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

THE CHICAGO BAR FOUNDATION

Employer identification number 36-6109584

FORM 990, PART VI, SECTION A, LINE 6: PURSUANT TO THE BYLAWS OF THE FOUNDATION, THE MEMBERS OF THE BOARD OF MANAGERS OF THE CHICAGO BAR ASSOCIATION ARE THE MEMBERS OF THE FOUNDATION ("MEMBERS"). THE MEMBERS HAVE THE RIGHT TO ELECT THE DIRECTORS OF THE FOUNDATION, TO APPROVE AMENDMENTS TO THE FOUNDATION'S BYLAWS, AND TO VOTE ON ALL OTHER MATTERS PERTAINING TO THE AFFAIRS OF THE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A: UNDER THE CHICAGO BAR FOUNDATION'S BYLAWS, THE MEMBERS OF THE CHICAGO BAR ASSOCIATION'S BOARD OF MANAGERS ARE THE MEMBERS OF THE CHICAGO BAR FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7B: UNDER THE CHICAGO BAR FOUNDATION'S

BYLAWS, THE MEMBERS OF THE CHICAGO BAR ASSOCIATION'S BOARD OF MANAGERS

ELECT THE DIRECTORS OF THE CHICAGO BAR FOUNDATION AND ALSO HAVE THE

RESPONSIBILITY TO APPROVE ANY BYLAW CHANGES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS REVIEWED AND

APPROVED BY THE FINANCE COMMITTEE AND SUBMITTED TO THE FULL BOARD FOR ITS

REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER AND STAFF PERSON
HAS TO SUBMIT A CONFLICT OF INTEREST STATEMENT BEFORE EACH GRANT MAKING

CYCLE AND AT THE NEW MEMBER ORIENTATION FOR THE BOARD. ANYONE WITH A

CONFLICT WOULD BE ASKED TO RECUSE THEMSELVES FROM ANY DECISION MAKING

PROCESS.

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Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization THE CHICAGO BAR FOUNDATION	Employer identification number 36-6109584
FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMM	ITTEE REVIEWS THE
COMPLETE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR	ANNUALLY. EVERY
FEW YEARS THE CBF ALSO OBTAINS AN EXTERNAL COMPENSATION R	EVIEW (BOTH A
CONSULTANT AND A SURVEY) FOR BOTH THE EXECUTIVE DIRECTOR	AND THE REMAINDER
OF THE STAFF TO MAKE SURE THAT THE CBF IS REASONABLE IN I	TS COMPENSATION
PACKAGE. A COMPENSATION STUDY WAS COMPLETED IN FISCAL YEA	R 2011.
FORM 990, PART VI, SECTION C, LINE 19: THE CHICAGO BAR FO	UNDATION MAKES
ITS FINANCIAL AND ORGANIZING DOCUMENTS AVAILABLE ONLINE T	HROUGH ITS
WEBSITE.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	488,535.
	

SCHEDULE R (Form 990)

2010 Open to Public Inspection OMB No 1545-0047

Employer identification number 36-6109584

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets e Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income € Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) 9 Primary activity THE CHICAGO BAR FOUNDATION Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part

(a)	(q)	(c)	(Đ)	(8)	E	(0)	
Name, address, and EIN	Primary activity	Legal domicile (state or	ode	Public charity	Direct controlling	Section \$12(b)(13)	2(b)(13)
of related organization		foreign country)	section		entity	entity	یے
				501(c)(3))		Yes	Š
CHICAGO BAR ASSOCIATION - 36-0896550			:				
321 S. PLYMOUTH COURT							
CHICAGO, IL 60604	ASSOCIATION	ILLINOIS	501(C)(6)		N/A		×
				** .*			
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

032161 12-21-10 LHA

36-6109584

Page 2

THE CHICAGO BAR FOUNDATION Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

General or Percentage managing ownership partner? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 医 Yes Code V.UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets **B** Share of total Income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Direct controlling entity ፱ (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization <u>e</u> Part IV

(a)	(q)	(0)	(p)	(0)	(9)	(6)	Œ
Name, address, and EIN of related organization	Primary activity	icile (Direc	Type of entrty (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
					٠		
					··· <u>-</u> ·		
							:
032162 12-21-10						Schedule R (Form 990) 2010	m 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

				-]:
Note: Complete line I if any entry is listed in Parts II, III, or IV of this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?	Yes	o Z
 Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity b. Gift, grant, or candal contribution to other organization(s) 				a t ×	×
				╀	×
d Loans or loan guarantees to or for other organization(s)				1d	×
e Loans or loan guarantees by other organization(s)				1e	×
					,
				F	4
				19	×
h Exchange of assets				ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)				=	× .
J. Lease of facilities, equipment, or other assets from other organization(s)				=	. ×
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			÷	×
l Performance of services or membership or fundraising solicitations by other organization(s)	ization(s)			Υ	
m Sharing of facilities, equipment, mailing lists, or other assets				1m X	
n Sharing of paid employees				th.	×
 Reimbursement paid to other organization for expenses 				10 X	
p Reimbursement paid by other organization for expenses				₽	×
					";
				ţ,	×
2 If the answer to any of the above a "You" see the metric for referred to any	+ + + + + + + + + + + + + + + + + + +	borrow or built forth out on	on local and an analysis of the second secon	4 1	
יו נוופ מוסאפן נס מוץ טו נוופ מסטעפ וא דפא, אפפ נוופ וואנוטכנוטוא	and must complete tr	ils iine, including covered	for information on with most complete this inclinant covered relationships and transaction trresholds		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1) CHICAGO BAR ASSOCIATION	В	52,275.	CASH		
(2) CHICAGO BAR ASSOCIATION	æ	86,015.	CASH		
(3)					
(4)					
(5)					
(9)					
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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

Name, address, and EIN	Frimary activity (state or frongs) Country) Yes No. Country) Yes No. (country) Yes No.	activity	Are all partners section 501(c)(3 organizations?		Dispropor-	
Yes No (Form 1065)	Ves No				allocations?	
	Schedule R French		Yes No	- 1	Yes No	
	Sobredite R (Form 980) 20					
	Schedule R (Form 980) 20					
	Schedule R (Form 980) 20				_	-
	Schedule R (Form 980) 22					-
	Schedule R (Form 990) 22					
	Solvedule R (Form 980) 25					
	Schedule R (Form 990) 20					
	Schedule R Form 980) 20					
	Schedule B (Form 990) 20					
	Schedule R (Form 990) 20					_
	Schedule R Form 990) 20				-	
	Schedule R (Form 990) 25				_	
	Schedule R (Form 990) 20					
	Schedule R (Form 990) 25					
	Schedule R (Form 990) 25					
	Schedule R (Form 990) 20					
	Schedule R (Form 980) 20					
	Schedule R (Form 990) 23					
					-	
	Schedule R (Form 980) 20					
	Schedule R (Form 980) 20					
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Part VII	Supplemental Info	rmation			
	Complete this part to pro	ovide additional information	on for resp	oonses to questions on Schedule R	(see instructions)
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