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Internal Revenue Service

Department of the Treasury

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)

OMB No 1545-0047

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

Open to Public

A	For the	2010 calendar year, or tax year beginning OCT 1, 2010 and ending	SEP 30, 2011				
В	Check if applicable	C Name of organization	D Employer identific	cation number			
	applicabl	CHICAGO ASSOCIATION OF REALTORS					
	Addre Chang	SS TOUGHTOURY TOINING THE TAIG					
Ē	Name chang		36-3	746120			
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st					
F	Termin			803-4900			
⊢	— ated Amen	dod					
늗	return Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	109,690.			
ᆫ	tion pendii	CHICAGO, ID 00004	H(a) Is this a group re				
		F Name and address of principal officer. VIRGINIA DOWNS	for affiliates?	Yes X No			
		SAME AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No			
			527 If "No," attach a	list (see instructions)			
		e: ► WWW.CHICAGOREALTOR.COM	H(c) Group exemptio	n number 🕨			
K	Form of	organization: X Corporation	ear of formation: 1990 N	A State of legal domicile: IL			
P		Summary					
	1	Briefly describe the organization's mission or most significant activities ${ m TO}$ ENCOU	RAGE, PROMOTE	& PROVIDE			
Activities & Governance	1	RESEARCH, EDUCATION & STUDIES IN THE FIELD O	F REAL ESTATE	•			
'n	1	Check this box I if the organization discontinued its operations or disposed of m					
Š	1	Number of voting members of the governing body (Part VI, line 1a)	3	15			
ဗိ	1		4	13			
مخ دن	1	Number of independent voting members of the governing body (Part VI, line 1b)		0			
<u>ë</u>	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	13			
:≅		Total number of volunteers (estimate if necessary)	6				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		0.			
	b	Net unrelated business taxable income from Form 990-T line 342 CCCIVED	7b	0.			
			Prior Year	Current Year			
Φ	8	Contributions and grants (Part VIII, line 1h)	112,939.	101,135.			
Revenue		Program service revenue (Part VIII, line 2g)	٥٠	0.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d3	9,930.	6,905.			
1		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and (le) []	11,033.	1,650.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	- 133,902.	109,690.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	79,724.	58,370.			
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
v	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.			
ğ	h	Total fundraising expenses (Part IX, column (D), line 25)	77 T.				
ŭ	1,7	· · · · · · · · · · · · · · · · · · ·	26,281.	53,746.			
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	106,005.	112,116.			
	l	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		-2,426.			
	19	Revenue less expenses Subtract line 18 from line 12	27,897.				
SO			Beginning of Current Year	End of Year			
SSE	20	Total assets (Part X, line 16)	558,395.	561,347.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	7,218.	15,607.			
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	551,177.	545,740.			
-		Signature Block					
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer tother than officer) is based on all information of which prepare	arer has any knowledge.	, /			
		W col	12	110/12			
Sig	n	Signature of officer	Date				
He		Warren C. Frank - COFO					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature	Date Check	PTIN			
Pai	d	MARGARET MCGINNIS Margarel Mercus	1/23/// self-employe	ed			
	parer	Firm's name SELDEN FOX, LTD.	Firm's EIN				
Use Only Firm's address 619 ENTERPRISE DRIVE							
500	y	OAK BROOK, IL 60523-8835	Phone no. 6	30-954-1400			
140			Filone IIO. O	T			
		RS discuss this return with the preparer shown above? (see instructions)					
0320	01 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2010)			

	_	_
	7	J
36-374	6120	Page 2
		
D PHILANTH	ROPY,	ву
ORS AND TH	OSE W	НО
AGO.		
	Yes	X No
vices?	Yes	X No
s by expenses		
ount of grants and		
•) (Revenue \$)
		
		
<u>.</u> .		
· · · · · · · · · · · · · · · · · ·		
) (Revenue \$)
	_	
		
		

	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	TO RAISE AWARENESS OF THE IMPORTANCE OF EDUCATION AND PHILANTHROPY, BY
	FUNDRAISING AND INVESTING IN OPPORTUNITIES FOR REALTORS AND THOSE WHO
	HAVE AN INTEREST IN THE REAL ESTATE INDUSTRY IN CHICAGO.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 78,110 • including grants of \$ 58,370 •) (Revenue \$)
	SCHOLARSHIP AWARDS AND RESEARCH GRANT
4b	(Code) (Expenses \$20 , 000 • including grants of \$) (Revenue \$)
	INDUSTRY RECOGNITION EVENTS
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)
. •	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 98,110.
<u></u>	Form 990 (2010)

Part V Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		<u> </u>
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during 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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/	A
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,			١,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			х
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	GREET .	Section 2	STATE OF THE
•	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		-	-
	Part VI	11a	Х	
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 167 If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ĺ		l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	ĺ	 	٠,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l i	х
120	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		<u> </u>
124	Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	<u> </u>	
_	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, 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	l		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			٠,
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	ì	v
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-18		 ^
13	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	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		<u> </u>
		Form	990 (2010)

Form 990 (2010)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		х	
23	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	-		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	'		
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			7.7
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	_		Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			THE REAL PROPERTY.
	instructions for applicable filing thresholds, conditions, and exceptions).	2	***	42.40
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	<u> </u>		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	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_	Х	
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	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	_	. l	
	Note. All Form 990 filers are required to complete Schedule O	38 Form	X	2010
		LOLLI)	33U (2	∠U (U)

Form 990 (20	10)	EDUCATIONAL	FOUNDATION,	INC.	
Part V	Statements	Regarding Other IR	S Filings and Tax	Compliance	

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		O	\$19.9	34.34
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b		0	17.4 44.	17845
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble gaming		***	7 ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			•	\$7.	, A
	filed for the calendar year ending with or within the year covered by this return	2a		0	-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)		1,31		š
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				<i>t</i> .	,4,31
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	ints			vátřy,
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 trans	action?	?	5b		Х
С	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 to	he org	anization 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 contribu	tions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	provided to the payo	Γ ⁷ 7a	<u> </u>	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	vas rec	quired		1	
	to file Form 8282?	,		7c		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	$\label{eq:discrete_problem} \mbox{Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit}$	contra	ct?	7e	L	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit confidence of the organization of the organizat	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			? 7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.]	 	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tin	ne during the year?	8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		37 / 3			
	Did the organization make any taxable distributions under section 4966?		N/A	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A	9b	_	
10	Section 501(c)(7) organizations. Enter:	1	ı			ĭ
	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a	<u> </u>		77	£ "
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_		,
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A	1	i .	.,	- 1	
a		11a	_			¥.' .
D	Gross income from other sources (Do not net amounts due or paid to other sources against	4		***	age at	ma e i e e
40-	amounts due or received from them)	11b	<u></u>	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	1	ĺ	12a	- w	A 8
D		12b			\$ ***	233
40	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A		ADOM:	Abdib. *
13	le the ergonization beenged to popular evaluated health along in areas there are a test-0		11/13	13a		
	Is the organization licensed to issue qualified health plans in more than one state?			رفر بدفقه يزر	and the	nem-e -
а	Note. See the instructions for additional information the organization must report on Schedule O.				ay a she jag ' ga garaya ' ga garaya	\$4.4 \$4.4 \$4.4
а	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	عمد ا	i I			
a b	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 organization is licensed to issue qualified health plans	13b	ļ	34% ****		
a b c	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 organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13b 13c				("11 %
a b c 14a	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 organization is licensed to issue qualified health plans	13c		34% ****		7.

Form 990 (2010)

EDUCATIONAL FOUNDATION, INC.

36-3746120

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

						37
	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion A. Governing Body and Management					
		ı	1	4 = 1/201/	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	ļ	15	مهريمة 121. معيدهر	38 19 E
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	13	7 ° 9	*#. 1994
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	n any other	1505	(* 15 65)	لنيتث
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	he dire	ect supervision		7.7	
	of officers, directors or trustees, or key employees to a management company or other person?			3_	Х	1,,
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Does the organization have members or stockholders?			6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embe	rs of the			
	governing body?			7a	<u> </u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	ersons	?	7b	ļ	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaker	n durin	g the year	ab		
	by the following.			منتح	~94\ · 17	3 70 14
	The governing body?			8a	X	<u> </u>
	Each committee with authority to act on behalf of the governing body?			8b	X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	at the		ŀ	,,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9_	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revent	ue Code.)		Γ	
					Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a	<u> </u>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	n chap	ters, affiliates,			}
	and branches to ensure their operations are consistent with those of the organization?			10b	- V	
	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing t	he form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			- Links		
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	-
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	ould gr	ve rise		- T	}
	to conflicts?			12b	X	-
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes,	" describe		 ₩	1
	in Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14		Z8
15	Did the process for determining compensation of the following persons include a review and approv	_	inaepenaent	mar Ty	A	,
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			188000	
	The organization's CEO, Executive Director, or top management official			15a		X
D	Other officers or key employees of the organization			15b	nama ini	21 1-1874-
16_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			ni di in	******	hatine;
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a	160	All Spires	X
_	taxable entity during the year?	ماددماد	te nerticipation	16a	##. T.	Ψ. "
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evi			1 -4 40	**************************************	2 4
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganiza	นดาร	(水流) 2011年 46日	William .	3
200	exempt status with respect to such arrangements?			16b	L	
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed >IL	T (504	(.)(0)	dalaha fasa		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (501	(c)(3)s only) ava	hable for		
	public inspection. Indicate how you make these available. Check all that apply.					
40	Own website Another's website W Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	t of interest poli	icy, and fina	ancial	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	coras of the org	anization.	_	
	WARREN C. FRANK - 312-803-4900 200 S. MICHIGAN AVENUE, SUITE 400, CHICAGO, IL 60	0604	/		_	
	200 S. MICHIGAN AVENUE, SUITE 400, CHICAGO, IL 60	0004	<u> </u>	Form	000	(2010)

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Form 990 (2010)

EDUCATIONAL FOUNDATION, INC.

Part VII 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

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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,

(A)	(B)	Jiga	41 1146		C)	ipe	isal	(D)	(E)	(F)
Name and Title	Average hours per week	⊢÷		Pos	ition	app	ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
MABEL G. GUZMAN	1 00	7,7							2 000	0
DIRECTOR	1.00	Х				-	-	0.	3,000.	0.
MARKI D. LEMONS CHAIRMAN	1.00	x		х				0.	0.	0.
DAVID E. HANNA		-					┢			
CHAIRMAN-ELECT	1.00	х		х				0.	0.	0.
DAVID KASPRISIN										
TREASURER	1.00	х	ŀ	х			ł	0.	0.	0.
SHELDON F. GOOD										
FOUNDING CHAIRMAN	1.00	х		l	ŀ		l	0.	0.	0.
PAUL LOPEZ										
DIRECTOR	1.00	Х						0.	0.	0.
MARION J. VALLE										
DIRECTOR	1.00	Х						0.	0.	0.
ELIZABETH B. BALLIS				l	ļ			_	_	_
DIRECTOR	1.00	X	_	L				0.	0.	0.
RITA M. GLASS				ł						•
DIRECTOR	1.00	X		 	_		_	0.	0.	0.
JOSEPH M. SICILIANO	1 00	77		ŀ	1		ŀ		0.	
DIRECTOR MATTHEW SILVER	1.00	X		-	<u> </u>	H	┝	0.	U •	0.
DIRECTOR	1.00	х		ļ				0.	0.	0.
SANJA R, STINSON	1.00	-		├	├	╁─	├─	<u> </u>		<u> </u>
DIRECTOR	1.00	x						0.	0.	0.
GRAZIAMARIA CORTES	= + + +	<u> </u>		\vdash	 	\vdash	\vdash			
DIRECTOR	1.00	x		l				0.	0.	0.
TAFT W. WEST						\vdash		_		
DIRECTOR	1.00	х		l			l	0.	0.	0.
VIRGINIA DOWNS									,	
SECRETARY	1.00	Х		Х	_			0.	328,167.	13,563.
022007 12 21 10										Form 990 (2010)

(A) Name and title Average hours per week (elescribe hours for the post for the po	Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)		
Complete the state of the compensation from related organizations of the compensation from the organizations of the compensation from the organizations of the organization organization organizations of the organization organization organizations of the organization organizations of the organization organizations organiz		1							(D)	(E)		(F)
Complete the companion of the companio	Name and title	, ,	/6					k A				
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0			ام ما	mn	ones	atior	n and	d oti	her compensation from	the organization		+
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE (A) (B) (C) Compensation Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0	· ·									dual for services		र प्रदूष स्थर
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization NONE (A) (B) (C) Compensation Compensation Compensation Pescription of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization O	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	ıch	pers	son				5	X
the organization NONE (A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization												
(A) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	37037	mpensated in	depe	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of cor	npensation	from
Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0								П	(B)		, , , , , , , , , , , , , , , , , , ,	
\$100,000 in compensation from the organization		address							Description of s	ervices		
\$100,000 in compensation from the organization												
\$100,000 in compensation from the organization								\dashv			L	
\$100,000 in compensation from the organization											ł	
\$100,000 in compensation from the organization		<u> </u>						\dashv			 	
\$100,000 in compensation from the organization											Í	
\$100,000 in compensation from the organization								1				
\$100,000 in compensation from the organization			_					_				
\$100,000 in compensation from the organization								\neg				
\$100,000 in compensation from the organization								\perp			<u> </u>	
Troops in comparison the organization	·	-	ot li	mite	d to		_	stec	d above) who received n	nore than	1	PER MININ
	\$100,000 in compensation from the organi	zation					<u> </u>				Form	n 990 (2010)

EDUCATIONAL FOUNDATION, INC.

Pa	rt VI	II Statement of Reven	ue					
2.		marker of the second	Alter year or a second of the		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>ν, ν, </u>	1.0	Endarated compares	140	<u>in</u>		3 k	,	010,01014
grants		Federated campaigns	1a			•		, -
		Membership dues	1b		, , ,			
gifts, lar an		Fundraising events	1c	20 645	• .		•	
	d	Related organizations	1d	32,645.	,	11	1	, ,
ı, m	е	Government grants (contribution	ons) 1e			-11-		, ,
ig a	f	All other contributions, gifts, grants	s, and					1 1 1
듗칅		similar amounts not included above	e 1f	68,490.				A 186 1
Contributions and other sin	9	Noncash contributions included in lines 1	1a-1f \$			1 , 1,1 20		· · · · · · · · · · · · · · · · · · ·
<u>8</u> 0	h	Total. Add lines 1a-1f	•	>	101,135.	• ,		
			Į.	Business Code		, <u>.</u> .		
8	2 a		F	-				
اه کے	b		1					
S E	С						- 	
اھ <u>ع</u>	d	- <u>W</u>						
Program Service Revenue								· ·· · · · · · · · · · · · · · · · ·
F	, f	All other program service rever						
	,	Total. Add lines 2a-2f	rue L			· · · · · · · · · · · · · · · · · · ·		
_	3	Investment income (including of	dividende interes					· · · · ·
- [Ū	other similar amounts)	arridonds, interes	, uno	6,905.			6,905.
j	4	•	avamet hand pr	oooodo -	0,3031	 		0,303.
1	5	Income from investment of tax- Royalties	exempt bond pr	bceeds				
	3	noyaities [() Deel	(v) Demond				
	e -	Creas Banta	(i) Real	(II) Personal				ł
- 1		Gross Rents			٠.			
	b	' h		· ·				
	C	` ' _	L			·		
		Net rental income or (loss)						·····
- 1	7 a	Gross amount from sales of	(i) Securities	(II) Other	fere a file		** ,	,
j		assets other than inventory			.: ,,	, , , , , , , , , , , , , , , , , , ,	ا با با الله د	
l	þ	Less: cost or other basis				1	***, **	Ą
		and sales expenses			Say Say		أعطانا	1
	С	Gain or (loss)					£	
ľ	d	Net gain or (loss)	_					
힐	8 a	Gross income from fundraising	events (not		إنت ينهن ديس	es	A 192 4 6	
e l		including \$	of		· 经人人特别证 1	٠ <u>٠</u> ٠٠ ٢٠		
ě		contributions reported on line 1	1c). See		, , , , , , , , , , , , , , , , , , ,		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Other Revenue		Part IV, line 18	а		Salt has all			. ,
ξl	b	Less: direct expenses	b		in state a court		ر يېد پېښېره	1 14-24
٦	С	Net income or (loss) from fundr	raising events					
İ	9 a	Gross income from gaming act	ivities See		,	+ + 1, ,	, , , ,	
- 1		Part IV, line 19	a		·, · ;	, ,	=	
- 1	b	Less, direct expenses	ьГ					
		Net income or (loss) from gamin	na activities	•				
		Gross sales of inventory, less re	_		., ., .,	- 50 1y /		
ŀ		and allowances	а		7 7	, , ,		
	b	Less: cost of goods sold	μ			rando en en en en en en en en en en en en en		4, e
		Net income or (loss) from sales	- L					
t		Miscellaneous Revenue		Business Code		ng Takka garan		Link war war
H	11 2	MISCELLANEOUS		900099	1,650.	1,650.		<u> </u>
- 1	ii a					=,000.	-	
	_							
	c C	All other revenue						
	ď		L		1,650.		-	1
	_	Total. Add lines 11a-11d		. 🟲	109,690.	1,650.	0.	6,905.
032009	12	Total revenue. See instructions.		>	109,030.	1,030.	0.	Form 990 (2010)

36-3746120 Page 10

Form 990 (2010)

Part IX | Statement of Functional Expenses

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

	All other organizations must comp	olete column (A) but are	not required to complet		<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			* * * * * * * * * * * * * * * * * * * *	
	organizations in the U.S. See Part IV, line 21	17,500.	17,500.		
2	Grants and other assistance to individuals in			*** ** , , , , , , , , , , , , , , , ,	
	the U.S. See Part IV, line 22	40,870.	40,870.		
3	Grants and other assistance to governments,			* ***	7
	organizations, and individuals outside the U.S.	1		u y o kitu ubayan t	• '
	See Part IV, lines 15 and 16			·' :	
4	Benefits paid to or for members			. , ,	- tal
5	Compensation of current officers, directors,	{			
_	trustees, and key employees				
6	Compensation not included above, to disqualified	}			
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)			-	
7 8	Other salaries and wages Pension plan contributions (include section 401(k)				
0	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
a	Management				
b	Legal	99.		99.	
С	Accounting	684.		684.	
d	Lobbying		-		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	3,415.	3,415.		
13	Office expenses	1,413.		1,413.	
14	Information technology	700.		700.	
15	Royalties		. <u>-</u>		
16	Occupancy			_	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0 (02	1 005	C (70	
19	Conferences, conventions, and meetings	8,603.	1,925.	6,678.	
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance				
23 24	Other expenses. Itemize expenses not covered				1
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.)	ļ	* ·	e de la companya de l	
а	INDUSTRY RECOGNTN EVENT	20,000.	20,000.		
b	STAFF SERVICE ALLOCATN	18,000.	14,400.	2,250.	1,350.
c		,			, -,
ď					
e					
f	All other expenses	832.		832.	
25	Total functional expenses. Add lines 1 through 24f	112,116.	98,110.	12,656.	1,350.
26	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				
					C 000 (0010)

032010 12-21-10

Form 990 (2010)
Part X Balance Sheet

Pa	rt X	Balance Sheet			· · · · · · · · · · · · · · · · · · ·		
	•				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			558,395.	2	345,759.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	2,140.
	5	Receivables from current and former officers, di	rectors	s, trustees, key			
		employees, and highest compensated employe	es. Co	mplete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section	· • •		
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing	, + , 6 7, 3,		ر د ع ند د د د
		employers and sponsoring organizations of sections	tion 50	1(c)(9) voluntary			, , , , , , , , , , , , , , , , , , , ,
S		employees' beneficiary organizations (see instru	ictions))		6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other			,		, ,
	1	basis Complete Part VI of Schedule D	10a	16,403.			
	Ь	Less accumulated depreciation	10b		0.	10c	16,403
	11	Investments - publicly traded securities			0.	11	197,045
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line (34)	558,395.	16	561,347
	17	Accounts payable and accrued expenses			7,218.	17	15,607
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete				21	
<u>₹</u>	22	Payables to current and former officers, director				'	
Liabillties		highest compensated employees, and disqualifi	ed per	sons Complete Part II			
		of Schedule L			<u></u>	22	
	23	Secured mortgages and notes payable to unrela		· ·		23	
	24	Unsecured notes and loans payable to unrelate	a thira	parties		24	
	25	Other liabilities. Complete Part X of Schedule D			7,218.	25	15,607
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check he		V			Î
			ere –	and complete	£ 5\$2.7	· ;	## . #h. a
ĕ	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			551,177.	27	544,740
lan I	27				331,177	28	1,000
Ř	28 29	Temporarily restricted net assets Permanently restricted net assets				29	1,000
ב	23	Organizations that do not follow SFAS 117, cl	hock h	ere Dand		23	
rF		complete lines 30 through 34.	HECK II	ere 📂 📖 and		,	
g	30	Capital stock or trust principal, or current funds			4 43 64 64	30	<u> </u>
226	31	Paid-in or capital surplus, or land, building, or ed		ot fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances	come,	or other fullus	551,177.	33	545,740.
	34	Total liabilities and net assets/fund balances		-	558,395.	34	561,347.
	<u> </u>	Total habilities and het assets/fully balafices			330,3331		Form 990 (2010

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	990 (2010) EDUCATIONAL FOUNDATION, INC.	36-374	6120	Pag	ge 12
Par	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 - 1	10	9.6	90.
2	Total expenses (must equal Part IX, column (A), line 25)	2		$\frac{2}{2}, \frac{3}{1}$	
3	Revenue less expenses Subtract line 2 from line 1	3		$\frac{2}{4}$	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,1	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3,0	
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		5,7	
Par	t-XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other		海撒	1	-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 TETER		entere Places
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	176.3	1001	1028
	separate basis, consolidated basis, or both.		1		1,2,
	Separate basis X Consolidated basis Both consolidated and separate basis		*** **********************************		
3a	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			
	Act and OAAP Circular A 1222		امما		ΙV

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

OMB No. 1545-0047

, Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number CHICAGO ASSOCIATION OF REALTORS

36-3746120 EDUCATIONAL FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b X Type II d ___ Type III - Other c ____ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, 11g(i) the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) h	organization sted in your document?	organizat	u notify the tion in col. r support?	(vi) Is organızatıd (i) organız U.S	the on in col. ed in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
CHGO ASSN OF	7			i					
REALTORS	36-0904580	501(C)(6)		Х	х		x		0.
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	and the second of the second of the second	The state of the s	. ; .*	· · z	4.2 13	for the Cons	3.4814	4843	_
Total	ノベル 大江 佐山田 お 御野 中田 大江 ニ かご		23	₩		· .	*	* ,	0.

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

Schedule A (Form 990 or 990-EZ) 2010

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)

Sec	ction A. Public Support	-					
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	, ,					
	membership fees received. (Do not						
	include any "unusual grants.")	1					
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				•	ļ	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions	1 h μξ.		PARTINE ' NA	12. 1		
	by each person (other than a	mark pr	, ,	it in "waganagangan b	•	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	governmental unit or publicly	~ . (A) . ~ .		Pak Mi		,	
	supported organization) included	يْ.	-	2 + 7	يود بد سبو يو	in which have	
	on line 1 that exceeds 2% of the	and the second	ř.	्र प्रशासन्तरम् । स्टब्स्ट्रेस्ट्रिक	் படிக் நேண்டு	र का स्थापित्रीः	
	amount shown on line 11,	•		٠	yar (ya ak	- 50° / 200	
	column (f)	* *	r fra	valley him him hadir him	, 4	TWE FRANCE English	
6	Public support. Subtract line 5 from line 4	m sys 3 ngs	* * */*****		2016年,東西東京20 6 年日	, 1842 11	
	ction B. Total Support					<u></u>	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(4) 2000	(2) 2001	(0) 2000	(4) 2000	(0) 2010	
-	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
Ť	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain	_					
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10				15, 14 27	₹ n;	
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	i ax vear as a section		
	organization, check this box and stop	-		_,, or marke	, Jul. 23 2 300110	+5 . (5)(5)	
Sec	tion C. Computation of Publi		rcentage		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>
_	Public support percentage for 2010 (li			olumn (f))		14	%
	Public support percentage from 2009			.,,		15	%
	33 1/3% support test - 2010. If the or	•	,	line 13, and line 1	ا 4 is 33 1/3% or m		
	stop here. The organization qualifies	-				•	ightharpoons
b	33 1/3% support test - 2009.If the or		-		line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali					,	
17a	10% -facts-and-circumstances test				13, 16a. or 16b. a	nd line 14 is 10% o	r more.
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances test	=			-	7a. and line 15 is 1	0% or
	more, and if the organization meets th	•					 -
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization						
		Lia not oneon a l	SON OFFICE TO, TO	., . <u></u> .,		dule A (Form 990	
					00116		2010

Rartille 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.)

qualify under the tests listed b	elow, please comp	olete Part II)					
ection A. Public Support				· <u>·</u> ···			
alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20°	10 (f) Tota	<u>al</u>
1 Gifts, grants, contributions, and				}			
membership fees received. (Do not				1			
include any "unusual grants.")							
2 Gross receipts from admissions,							
merchandise sold or services per-]				
formed, or facilities furnished in				İ			
any activity that is related to the organization's tax-exempt purpose							
3 Gross receipts from activities that				†			
are not an unrelated trade or bus-							
iness under section 513	,			1			
							
4 Tax revenues levied for the organ-				1			
ization's benefit and either paid to				1			
or expended on its behalf							
5 The value of services or facilities				1		ļ	
furnished by a governmental unit to				1			
the organization without charge			ļ	ļ			
6 Total. Add lines 1 through 5							
7a Amounts included on lines 1, 2, and	,						
3 received from disqualified persons			<u> </u>				
b Amounts included on lines 2 and 3 received							_
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	,						
amount on line 13 for the year	1				_		
c Add lines 7a and 7b							
8 Public support (Subtract line 7c from line 6)		Programmy wanter	White Control of the	and the second	The last	eriowaniy.	
ection B. Total Support			•			ii	
elendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10 (f) Tota	al
9 Amounts from line 6	(-7	\-/	\-/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
0a Gross income from interest,							
dividends, payments received on							
securities loans, rents, royalties and income from similar sources							
b Unrelated business taxable income				<u> </u>			
**							
(less section 511 taxes) from businesses							
acquired after June 30, 1975				-	 		
c Add lines 10a and 10b	-				ļ	$\overline{}$	
 Net income from unrelated business activities not included in line 10b, 							
whether or not the business is					ļ		
regularly carried on							
2 Other income. Do not include gain							
or loss from the sale of capital assets (Explain in Part IV)							
3 Total support (Add lines 9, 10c, 11, and 12)							
First five years. If the Form 990 is for	the organization's	s first, second, thii	rd, fourth, or fifth	tax year as a section	n 501(c)(3)	organization,	
check this box and stop here	J			,	1-11-1	•	•
ection C. Computation of Publ	c Support Pe	rcentage					
5 Public support percentage for 2010 (i			column (fl)		15		
6 Public support percentage from 2009		-			16		
ection D. Computation of Inves				-	1 1		
Investment income percentage for 20					17		
			ne io, column (f))		- 1		
Investment income percentage from 2	•		and has did to the		18	- al l a. d. 7 4	
9a 33 1/3% support tests - 2010. If the	=					10 line 17 is not	_
more than 33 1/3%, check this box at	•	•	•	•	-		▶ ـ
b 33 1/3% support tests - 2009. If the	_					_	_
line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anızatıon qualıfıes	as a publicly supp	orted orgar	nization	▶∟
Private foundation. If the organization	n did not check a	hox on line 14, 19	a or 19b check i	this hox and see in	structions	•	⊸ l

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public

OMB No 1545-0047

Inspection

CHICAGO ASSOCIATION OF REALTORS Name of the organization EDUCATIONAL FOUNDATION

Employer identification number 36-3746120

Pai	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		·
2	Aggregate contributions to (during year)	-	* · · · · · · · · · · · · · · · · · · ·
3	Aggregate grants from (during year)		· · · · · · · · · · · · · · · · · · ·
4	Aggregate value at end of year		.H. 1755 - A.
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	0 0	•
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conservation	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
	conservation easements.	(A.) Iliania I Turana	Other Circilar Assets
Pai	t III Organizations Maintaining Collections o		otner Similar Assets.
	Complete if the organization answered "Yes" to Form	* · · ·	
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, et	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		>
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		ai gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items.	.
a	Revenues included in Form 990, Part VIII, line 1		. • •
b	Assets included in Form 990, Part X		▶ \$

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Schedule D (Form 990) 2010

		ONAL FOUND								<u>46120</u>	
Pa	rt.III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	er S	Simila	r Asse	ts (continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following th	at are a s	ignif	ficant u	ise of its	collection i	tems
	(check all that apply).										
а		C	_		hange progr	ams					
þ		€	, [Other							
C	Preservation for future generations										
4	Provide a description of the organization's co			-	_				se in Par	t XIV	
5	During the year, did the organization solicit o					ner sımılaı	rass	sets		7	r1
_	to be sold to raise funds rather than to be ma									Yes	L No
Pa	ert IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" to	For	m 990,	Part IV,	ine 9, or	
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other a	ssets not	ıncl	luded		_	
	on Form 990, Part X?									Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table			_				
							-			Amount	
С	• •						ŀ	1c	_		
d	Additions during the year						ŀ	1d			
е	- · · · · · · · · · · · · · · · · · · ·						ŀ	1e			
f	Ending balance						L	1f		1	1 1
2a			217							Yes	L No
	If "Yes," explain the arrangement in Part XIV.										
Ра	rt V Endowment Funds. Complete		T		,			-			
		(a) Current year	(b) F	rior year	(c) Two yea	irs back	(d)	Three ye	ars back	(e) Four ye	ears back
1a	, , , , , , , , , , , , , , , , , , , ,		-							ı	: * 1
b			ļ								
C	3,3 ,, , , ,		<u> </u>				•	· MZ			2 1 8 2 10 3
d	` \		<u> </u>		<u> </u>						
е	'							-		,; ;	
	and programs		ļ							ا البه	<u> </u>
f			-		ļ						₩~#÷
g	,				<u> </u>						ψ <i>2</i> γ
2	Provide the estimated percentage of the year	r end balance held a									
а	,		%								
b	·	%									
С		%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administ	ered for t	he c	organiza	ation	Γ-	
	by										es No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b										3b	
4	Describe in Part XIV the intended uses of the										
Pa	rt VI Land, Buildings, and Equipm		·			,					
	Description of investment	(a) Cost or o basis (investr			or other (other)			mulated lation	d	(d) Book v	value
1a	Land					4 35 /					
þ	Buildings										
С	Leasehold improvements										
d	Equipment			1	6,403.					16	,403.
е	Other										
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10(c).)					16	,403.

Schedule D (Form 990) 2010

EDUCATIONAL FOUNDATION, INC			
PINICATIONAL BUILDINATION INC	DOLLARMEDIA		TNIC
	BIJUCAT CONAL	PUDNIJATIUM.	1146.

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 1	2	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)	<u> </u>		
(B)			
(C)			
(D)		<u> </u>	
(E)			
(F)			
(G) (H)		· · · · · · · · · · · · · · · · · · ·	
(1)		 	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line	13	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		 	
(9) (10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15	-L	
<u> </u>	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)		<u>-</u>	
(6)		<u> </u>	
(7)		<u> </u>	
(8)			
(9)			
(10)	45)		
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			<u> </u>
(a) December of lightly	line 25.	(b) Amount	
(1) Federal income taxes		(b) Amount	
(2)			, .
(3)		•	, , , , , , , , , , , , , , , , , , ,
(4)			
(5)		* * * * *	* *** ***********
(6)			
(7)		1.5 2.5 17	· · · · · ·
(8)		Fer 😘	дў п. + ++\$р+с зы
(9)			
(10)			المناف ال
(11)	25)		
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Founde in Part XIV, provide the text of the footnote to FIN 48 (ASC 740) Founde in Part XIV, provide the text of the footnote to	25) The organization's financial state	ments that reports the organization's liability for	uncertain tax positions under

Schedule D (Form 990) 2010

SCHEDULE (Form 990) Department of the Treasury

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

Open to (Public) OMB No 1545-0047

۹,

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

2 | **Employer identification number** SPONSOR EDUCATION IN THE 36-3746120 ROMOTE RESEARCH IN THE (h) Purpose of grant IELD OF REAL ESTATE TELD OF REAL ESTATE or assistance X Yes 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 1 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö °. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant 10,000 7,500 CHICAGO ASSOCIATION OF REALTORS INC (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations EDUCATIONAL FOUNDATION 36-2167048 36-2371220 है है है ति General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations FINANCIAL SERVICES, 1 EAST JACKSON ATTN: C S HAMMOND, 315 S. PLYMOUTH 1 (a) Name and address of organization JOHN MARSHALL LAW SCHOOL or government CHICAGO, IL 60604-2287 Name of the organization CHICAGO, IL 60604 DEPAUL UNIVERSITY

Schedule I (Form 990) (2010)

| CHICAGO ASSOCIATION OF REALTORS |
| Schedule | (Form 990) (2010) | EDUCATIONAL FOUNDATION, INC.
| 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 can be duplicated if additional space is needed

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Page 2

36-3746120

(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
SCHOLARSHIPS AWARDED, NONE > \$5,000	27	40,870.	0		
' Pardival Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	ide the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: REPRESENTATIVES	SENTATIVE	OF THE	FOUNDATION MAINTAIN	MAINTAIN	
CONTACT THROUGHOUT THE YEAR WITH THE	- t	EDUCATIONAL INS	TITUTIONS	INSTITUTIONS WHICH RECEIVE	
GRANT FUNDS.					

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.

ZUIUOpen to Public

Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions. CHICAGO ASSOCIATION OF REALTORS

Employer identification number 36-3746120

EDUCATIONAL FOUNDATION, INC.

Questions Regarding Compensation

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 4 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 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 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 Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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. X a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a X 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4c 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. 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. a The organization? 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 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: X a The organization? **6**a X 6b **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Х Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X 8 initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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Schedule J (Form 990) 2010

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Schedule J (Form 990) 2010 EDUCATIONAL FOUNDATION, INC. 36-3746120 Partial 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)	(a)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	lotal of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
1 VIRGINIA DOWNS	€ €	291,574.	36,593.	0.0	7,130.	6,433.	341,730.	264,779.
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16	8							

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.

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Name of the organization

CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC.

Employer identification number 36-3746120

EDUCATIONAL FOUNDATION, INC. 50 5740120
FORM 990, PART VI, SECTION A, LINE 3: MANAGEMENT DUTIES ARE PERFORMED BY
THE OFFICERS OF A RELATED ENTITY UNDER THE DIRECT OVERSIGHT OF THE
FOUNDATION'S TRUSTEES.
FORM 990, PART VI, SECTION B, LINE 11: AN ELECTRONIC COPY OF FORM 990 IS
MADE AVAILABLE TO ALL TRUSTEES FOR REVIEW PRIOR TO FILING. TRUSTEES ARE
INSTRUCTED TO NOTIFY THE RELATED ORGANIZATION'S COFO OF ANY QUESTIONS OR
COMMENTS.
FORM 990, PART VI, SECTION B, LINE 12C: TRUSTEES ARE REQUIRED TO SIGN A
CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY, IN ACCORDANCE WITH THE
ORGANIZATION'S POLICY MANUAL.
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -3,011.
FORM 990, PART XII, LINE 2C: THE AUDIT OVERSIGHT AND ACCOUNTANT
SELECTION PROCESS HAS NOT CHANGED SIGNIFICANTLY FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

2010 Open to Public Inspection

OMB No 1545-0047

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Employer identification number 36-3746120Direct controlling entity 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 9 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC. Primary activity Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part

| 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.)

organizations dailing the tax year /							
(a)	(q)	(၁)	(p)	(e)	(J)	(6)	6 74
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	controlled	(ci Ya)
of related organization		foreign country)	section	status (if section	entity	entity?	_
				501(c)(3))		Yes	ê
CHICAGO ASSOCIATION OF REALTORS - 36-0904580 UNITE REAL ESTATE INDUSTRY	UNITE REAL ESTATE INDUSTRY						
200 SOUTH MICHIGAN AVENUE, SUITE 400	THROUGH EDUCATION &			,			
CHICAGO, IL 60604	RESEARCH	ILLINOIS	501(C)(6)	.2	N/A		×
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Schedule R (Form 990) 2010

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CHICAGO ASSOCIATION OF REALTORS

Schedule R (Form 990) 2010 EDUCATIONAL FOUNDATION, INC.

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)

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Percentage ownership Percentage Schedule R (Form 990) 2010 managing ownership 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.) ड Ξ Yes General or Share of end-of-year assets Code V-UBI amount in box 7 20 of Schedule K-1 (Form 1065) **(**6 Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e **6** Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ <u>e</u> Primary activity Direct controlling entity 9 € (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization æ 032162 12-21-10

CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC.

Schedule R (Form 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 1 if any entity is listed in Parts II, III, or IV of this schedule

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
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?	is with one or more re	elated organizations listec	in Parts II-IV?			李章 等
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to other organization(s)				Q		
c Gift, grant, or capital contribution from other organization(s)				15	×	
d Loans or loan guarantees to or for other organization(s)				무	_	×
e Loans or loan guarantees by other organization(s)				9	100	X
Sale of assets to other organization(s)				*		*
				= ;	1	: >
				<u> </u>	4	4
h Exchange of assets				=		×
 Lease of facilities, equipment, or other assets to other organization(s) 				- M		×
j Lease of facilities, equipment, or other assets from other organization(s)				1-		×
k Performance of services or membership or fundraising solicitations for other organization(s)	ıızatıon(s)			÷		×
	ızatıon(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				E E	×	
n Sharing of paid employees				두	×	
				***	14年	Septime Septim Septime Septime Septime Septime Septime Septime Septime Septime
 Reimbursement paid to other organization for expenses 				10	×	
p Reimbursement paid by other organization for expenses				1p		
 q Other transfer of cash or property to other organization(s) 				1	\downarrow	×
. 1				+	$ \bot $	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction threshold	ds		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	nınıng red		
(1) CHICAGO ASSOCIATION OF REALTORS	0	18,000.	000.ACTUAL		l	
(2)						
(6)					!	:
(4)						
(5)						
(9)						
032163 12-21-10	31		OS	Schedule R (Form 990) 2010	066 w.) 2010

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Schedule R (Form 990) 2010 EDUCATIONAL FC

Partivi 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.

(a)	(q)	(0)	(p)	(e)	(J)	(6)	(F)
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners section 50 1(c)(3)	Share	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
· ·		country)	Yes No			of Schedule K·1 (Form 1065)	Yes No
	•						: -
					_		
			_				_

Schedule R (Form 990) 2010