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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. Internal Revenue Service

Open to Public Inspection

	A F	or the	e 2011 calendar year, or tax year beginning $$ OCT $$ 1 , $$ $$ $$ $$ 2 $$ $$ 1 $$ $$ and ending	SEP 30, 2	012
	Вс	heck if	C Name of organization	D Employer id	lentification number
	aţ	plicab	CHICAGO ASSOCIATION OF REALTORS		
		Addre	EDUCATIONAL FOUNDATION, INC.		
		Name		3	6-3746120
	\vdash	Initial	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
	\vdash	Termi	· _ · _ · _ · _ · _ · _ · _ · _		12-803-4900
	T	Jated]Amen	dod		405 340
	 ^	Jreturn Applic		G Gross receipts \$	
	_	Jtion pendi		H(a) is this a gr	
			F Name and address of principal officer.VIRGINIA DOWNS	for affiliate	
			SAME AS C ABOVE	H(b) Are all affilia	
			empt status:		ach a list. (see instructions)
			te: WWW.CHICAGOREALTOR.COM		mption number
				Year of formation: 19	90 M State of legal domicile: IL
	LPa	rt I	Summary		
	ø		Briefly describe the organization's mission or most significant activities: TO ENCOU		
	au		RESEARCH, EDUCATION & STUDIES IN THE FIELD (
	ž	2	Check this box if the organization discontinued its operations or disposed of	more than 25% of its	net assets.
	Governance	3	Number of voting members of the governing body (Part VI, line 1a)		3 13
	9	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 11
	Se .	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5 0
	Activities &	6	Total number of volunteers (estimate if necessary)		6 13
	Ġ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	• -	7a 0.
	⋖		Net unrelated business taxable income from Form 990-T, line 34	-	7b 0.
				Prior Year	Current Year
	_	8	Contributions and grants (Part VIII, line 1h)	101,1	
	Revenue		Program service revenue (Part VIII, line 2g)		0. 0.
	ě		Investment income (Part VIII, column (A), lines 3, 4, and CELVED	6,9	
	æ			1,6	
		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		
(2)		12		109,6	
2013			Grants and similar amounts paid (Part IX, column (A), lines 1/3)	58,3	
					0. 0.
6	Expenses		Salanes, other compensation, employee benefits (Part IX column (A), lines 5-10)	ļ	0. 0.
€6	ĕ		Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
MAR	Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)		<u>`</u> *
\boxtimes	-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	53,7	
	i	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	112,1	
		19	Revenue less expenses. Subtract line 18 from line 12	-2,4	26. 14,769.
15	28			Beginning of Current	
13	aast	20	Total assets (Part X, line 16)	561,3	585,354.
SCANN	28	21	Total liabilities (Part X, line 26)	15,6	07. 22,655.
775	캺	22	Net assets or fund balances. Subtract line 21 from line 20	545,7	562,699.
,,,,,	Pa	rt II	Signature Block		
	Unde	r pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the bes	st of my knowledge and belief, it is
			ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre		
			1):0.0		3112112
	Sigr	,	Signature of officer	Date	31210
	Here		VIRGINIA DOWNS CEO		
		•	Type or print name and title		
			Print/Type preparer's name Preparer's sugnature	Date , , Ch	eck PTIN
	Paid		MARGARET MCGINNIS	3/4/17	m
	Prep		Firm's name SELDEN FOX, LTD.		Femployed P00284587 N ► 36-2985770
	Use			Fırm's El	30-2303770
	U36	Jiii y			630 054 1400
			OAK BROOK, IL 60523-8835	Phone no	
			RS discuss this return with the preparer shown above? (see instructions)		X Yes No
	13200	1 01-2	23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2011)

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

Total program service expenses ▶

(Expenses \$ including grants or

80,959.

) (Revenue \$

Form 990 (2011)

Partily 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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	_		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	_	├^-
•	duning the tax year? If "Yes," complete Schedule C, Part II	4		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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			v
10	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, IX, or X	7.5	0 - 1 b 4 L	
	as applicable.	Arthron		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	PARCOLING.	LANGEMA	2000
	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 16? 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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	• • • •		
	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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	4.4-		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
	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			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3.5
~ ~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Х
- 0		20b	990 <i>«</i>	2011)
		· OHIL		

•:

Form 990 (2011) EDUCATIONAL FOUNDA
Partily Checklist of Required Schedules (continued)

			Yes	No
21 ,	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
_	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
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	X	
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	ŀ		
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			7,7
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? 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	FOLIANDS:	# ###	10 Ect - 2000
	instructions for applicable filing thresholds, conditions, and exceptions):			W .
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			ا ۔۔
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			_~
33	Schedule N, Part II	32		X
5 5	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			х
34	Was the organization related to any tax-exempt or taxable entity?	33		
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	<u> </u>		
	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		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	L
		Form	9 90 (2011)

-om 990 (2011)	EDUCATIONAL FOUNDATION, INC.	
Part V Statem	ents Regarding Other IRS Filings and Tax Compliance	ē

	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							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	X					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?							
b	If "Yes," enter the name of the foreign country:							
	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		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 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).			لـــــا				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			77				
	to file Form 8282?	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f	NT /	X				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/					
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A	7h	N/	A				
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.	8		<u>i</u>				
a	Did the organization make any taxable distributions under section 4966? N/A							
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9a						
10	Section 501(c)(7) organizations. Enter:	9b						
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11	Section 501(c)(12) organizations. Enter:			1				
а	Gross income from members or shareholders N/A 11a		l					
ь	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)]				
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a	t					
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	D & P.	.					
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the			l				
	organization is licensed to issue qualified health plans			ļ				
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
		Form	990 (2011)				

36-3746120 Page 6

Form 990 (2011) EDUCATIONAL FOUNDATION, INC. 36-3746120 Page 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	1a		13	· -						
	If there are material differences in voting rights among members of the governing body, or if the governing			$\neg \uparrow$	·]				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			- 1			ł				
ь	Enter the number of voting members included in line 1a, above, who are independent	1b		11		*****	<u></u>				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other	\neg	141	ľ					
	officer, director, trustee, or key employee?			-	2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision	- 1							
	of officers, directors, or trustees, or key employees to a management company or other person?				3	x	Ì				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	Ì	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?			ı	<u>5</u>		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or	Ì							
	more members of the governing body?	•		I	7a		Х				
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, si	tockho	olders, or	Ì							
	persons other than the governing body?			I	7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by th	e following:	Ì		<u> </u>					
а	The governing body?	•	•		8a	X					
ь	Each committee with authority to act on behalf of the governing body?		•	Ì	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the	- 1							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			ł	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)								
			·			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			Γ	10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s. affiliates.	ı							
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	ŀ					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form	ı?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		J	Ī	_						
	Did the organization have a written conflict of interest policy? If "No," go to line 13			ľ	12a	X					
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	ľ	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye										
	in Schedule O how this was done			-	12c	х	l				
13	Did the organization have a written whistleblower policy?			ſ	13	Х					
14	Did 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 approva	l by ın	dependent	Ī	j jes	mert v					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	•	ý	当物金	valu					
а	The organization's CEO, Executive Director, or top management official			ľ	15a		X				
	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).		· •		*		July 1				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	nent w	rth a	į.			" 小额:				
	taxable entity during the year?			ſ	16a		X				
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation		1.54		in.				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's	-							
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶IL										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Sect	on 501(c)(3)s or	nly) av	/aılab	le					
	for public inspection. Indicate how you made these available. Check all that apply.		,								
	Own website Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, con	nflict o	of interest policy	, and	finar	ncial					
	statements available to the public during the tax year.		,,								
20	State the name, physical address, and telephone number of the person who possesses the books are	d rec	ords of the orga	nizatı	on: 🕨	•					
	WARREN C. FRANK - 312-803-4900	-	3	-							
	200 S. MICHIGAN AVENUE, SUITE 400, CHICAGO, IL 60	604									

Form **990** (2011)

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; and former such persons.

(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	offic	Institutional trustee	Officer Officer	irecto	Highest compensated	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAVID E. HANNA				7.7						•
CHAIRMAN	1.00	Х	_	X	_	lacksquare		0.	0.	0.
(2) DAVID KASPRISIN CHAIRMAN-ELECT	1.00	х		v				0.		_
(3) SHELDON F. GOOD	1.00	^	\vdash	X	_		<u> </u>	U .	0.	0.
POUNDING CHAIRMAN	1.00	х						0.	0.	0.
(4) JOSEPH M. SICILIANO	1.00	<u> </u>	\vdash			\vdash	_	ļ 	0.	
TREASURER	1.00	х		х	١.,			0.	0.	0.
(5) SUSANNE CANNON	1.00	Ĥ	H					- 0.	0.	
DIRECTOR	1.00	x						0.	0.	0.
(6) RITA M. GLASS		Ë	_			├─	_			
DIRECTOR	1.00	x						0.	0.	0.
(7) MABEL G. GUZMAN										-
DIRECTOR	1.00	x						0.	9,000.	0.
(8) MARION J VALLE										
DIRECTOR	1.00	Х						0.	0.	0.
(9) CHRISTOPHER VARCO										
DIRECTOR	1.00	X						0.	0.	0.
(10) DAN WAGNER										
DIRECTOR	1.00	X						0.	0.	0.
(11) DAVID C. WATKINS	1 00									
DIRECTOR	1.00	X						0.	0.	0.
(12) TAFT W. WEST	1 00	٦,								
DIRECTOR (13) VIRGINIA DOWNS	1.00	X	Ш					0.	0.	0.
SECRETARY	1.00	х		x				0.	210 057	C 077
SECRETARI	1.00	Δ		4		_		0.	318,857.	6,877.
		\vdash	-	\dashv		\vdash				<u> </u>
	1									
 	- 		\vdash	\dashv	\dashv	\vdash	-			
			-	\neg	\neg					

132007 01-23-12

36-3746120

Pai	Section A. Officers, Directors, Tru	ıstees, Key E	mple	oyee	es, a	nd l	High	est	Compensated Emplo	yees (continued)				
	(A)	(B)				C)			(D)	(E)	1		(F)	
	Name and title	Average	(do		Pos heck		ገ than	one		Reportable	.	Es	tımate	∍d
		hours per week	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	on	1			
		(describe	<u>a</u>		from from related the organization				other pensa	****				
		hours for	Individual trustee or director		1		Ļ	1	organization	organization (W-2/1099-MIS			om the	
		related	tee or	stee	1		nsate	l	(W-2/1099-MISC)	(11 22 1000 11111			anızat	
		organizations	캻	Institutional trustee		Key employee	Highest compensated employee	1		·	ŀ	_	l relat	
		in Schedule O)	PM C	trefe	Officer	ğ	ploye	Former			İ	orga	nızatı	ons
		ļ	르	Ē	흉	\$	물통	Ē	·		\longrightarrow			
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				T			T			<u> </u>	\rightarrow			
		1						l		İ	1			
1b	Sub-total Sub-total	<u> </u>					▶		0	327,8	57.		5,8	77.
C	Total from continuation sheets to Part V	II, Section A					•		0	,	0.			0.
d	Total (add lines 1b and 1c)						>		0	327,8	57.	- (5,8	77.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bov	e) wl	no r	received more than \$10	0,000 of reportab	le			
	compensation from the organization													(
											_		Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	oyee	, or	highest compensated	employee on				
	line 1a? If "Yes," complete Schedule J for s								-		L	3		X
4	For any individual listed on line 1a, is the su									the organization			2516	<u> </u>
	and related organizations greater than \$15										-	4	Х	
5	Did any person listed on line 1a receive or							elat	ted organization or indi	vidual for services	·].		,	
	rendered to the organization? If "Yes," com	plete Schedul	e <i>J f</i>	or s	uch	per	son		-			5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co										npensa	ition fi	mo	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	rithir		year.				
	(A) Name and business	address	N	NC	7				(B) Description of	services	C	(C omper		n
				7111	_		-	ᅱ		-		,pu		
					-			\dashv						
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							_	ᅥ						
								- 1						
		•						寸		t				
_								-		ļ				
2	Total number of independent contractors (i	ncluding but n	ot III	mıte	d to	tho	se lu	stec	d above) who received	more than		;r +	و برده پ	,
	\$100,000 of compensation from the organi						0		· · · · · · · · · · · · · · · · · · ·			- N		
		-										orm 9	90 (2	2011)

	<u> </u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants,	and	1			
Sontribu and Oth	_	similar amounts not included above Noncash contributions included in lines fa- Total. Add lines 1a-1f	1f 48,423	94,268.			
i	2 a		Business Cod				
Program Service Revenue	b						
Progra Re	d e f						
\perp	g	Total. Add lines 2a-2f					
	3	Investment income (including did other similar amounts) Income from investment of tax-e		10,044.			10,044.
	5	Royalties	(i) Real (ii) Personal				-
	6 a	Less: rental expenses	(I) resonal	- - - -			
	d	Net rental income or (loss) Gross amount from sales of	(i) Secunties (ii) Other				
		assets other than inventory Less: cost or other basis and sales expenses		1			
		Gain or (loss) Net gain or (loss) Gross income from fundraising e	events (not				
Other Revenue		including \$ contributions reported on line 1c Part IV, line 18)				
		Less: direct expenses	, b		v 4	·	
		 Net income or (loss) from fundra Gross income from gaming active Part IV, line 19 			,	% ! *	
	c	 Less: direct expenses Net income or (loss) from gaming Gross sales of inventory, less ref 					
	b	and allowances Less: cost of goods sold	. a b				
ł		 Net income or (loss) from sales of Miscellaneous Revenue 	Business Cod				
	11 a	MISCELLANEOUS	900099	1,000.	1,000.		
	c						
	C		<u> </u>	1 000			
		Total. Add lines 11a-11d Total revenue. See instructions.		1,000.		0	. 10,044.
13200	12 9	TOTAL TEVERIUE. SEE MISHIBURIS.		1 100,012.	1,000		Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	olete columns (b), (c), and (b).				·····
	Check if Schedule O contains a respon				
	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 United States. See Part IV, line 21	40,000.	40,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	4,285.	4,285.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16			ļ	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees			j	
6	Compensation not included above, to disqualified	, _			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			ļ	
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				_
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				-
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management .				
b	Legal _	181.		181.	
С	Accounting	2,278.		2,278.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion .	7,667.	7,667.		
13	Office expenses	3,570.	2,506.	1,064.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	451.	225.	226.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,343.	2,343.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	STAFF SERVICE ALLOCATIO	20,000.	16,000.	2,500.	1,500
b	INDUSTRY RECOGNITION EV	7,933.	7,933.		
С	MISCELLANEOUS	1,835.		1,835.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	90,543.	80,959.	8,084.	1,500
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	cooding of the fall to the fal				

132010 01-23-12

Part X	Balance Sheet			
	•	(A) Beginning of year		(B) End of year
] 1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	345,759.	2	362,754.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,140.	4	2,241
5	Receivables from current and former officers, directors, trustees, key			
l	employees, and highest compensated employees. Complete Part II			
	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			
	employees' beneficiary organizations (see instructions)		6	
Assets 8	Notes and loans receivable, net		7	
8 3	Inventones for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10:	a Land, buildings, and equipment: cost or other			
- 1	basis. Complete Part VI of Schedule D 16,403.			
	Less: accumulated depreciation 10b 2,343.	16,403.	10c	14,060
11	Investments - publicly traded secunties	197,045.	11	206,299
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	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	561,347.	16	585,354
17	Accounts payable and accrued expenses	15,607.	17	22,655
18	Grants payable		18	
19	Deferred revenue		19	<u> </u>
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
22	Payables to current and former officers, directors, trustees, key employees,			
21 22	highest compensated employees, and disqualified persons. Complete Part II			
5	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 (including federal income tax, payables to related third			
- 1	parties, and other liabilities not included on lines 17-24). Complete Part X of			
- 1	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	15,607.	26	22,655.
	Organizations that follow SFAS 117, check here X and complete	,	,	
g l	lines 27 through 29, and lines 33 and 34.	% % 3' 8 32		3 ,
ž 27	Unrestricted net assets	544,740.	27	561,199.
g 28	Temporanly restricted net assets	1,000.	28	1,500.
<u> </u>	Permanently restricted net assets		29	
§	Organizations that do not follow SFAS 117, check here	,		
<u> </u>	complete lines 30 through 34.	Commence of the Commence of the	. ₹ ,	
Net Assets or Fund Balances 22 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Capital stock or trust principal, or current funds		30	·- · · · · · · · · · · · · · · · ·
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž 33	Total net assets or fund balances	545,740.	33	562,699.
34	Total liabilities and net assets/fund balances	561,347.	34	585,354.
	The state of the s			Form 990 (2011)

Form **990** (2011)

EDUCATIONAL FOUNDATION, INC. Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI X105,312. Total revenue (must equal Part VIII, column (A), line 12) 1 90,543. 2 2 Total expenses (must equal Part IX, column (A), line 25) 14,769. Revenue less expenses. Subtract line 2 from line 1 3 3 545,740. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 2,190. Other changes in net assets or fund balances (explain in Schedule O) 5 562,699. Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6 Part XII Financial Statements and Reporting

	Check if Schedule O contains a response to any question in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			,
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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 audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a	1		
	separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Doth consolidated and separate basis	L		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
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.	3b		
		Form	990 (2011)

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.

2011

Open to Public Inspection

Name of the organization CHICAGO ASSOCIATION OF REALTORS Employer identification number EDUCATIONAL FOUNDATION, INC. 36-3746120 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 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.) 6 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.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. __ Type I b X Type II c Type III - Functionally integrated ___ Type III - Other 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 II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11a(iii h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the U.S.? support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes No CHGO ASSN OF 36-0904580501(C)(6) REALTORS Х X X 0.

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

Sed	tion A. Public Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and		```	1		1 1	(7)
	membership fees received. (Do not			,			
	include any "unusual grants.")		<u>[</u>	L		ŀ	
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		i				
	the organization without charge		<u> </u>				
4	Total. Add lines 1 through 3						
5	The portion of total contributions			. ,			
	by each person (other than a			ţ			
	governmental unit or publicly			*12			
	supported organization) included			.3.			
	on line 1 that exceeds 2% of the	Ì	İ	1 ~	* "		
	amount shown on line 11,]	4		
	column (f)			,			
	Public support. Subtract line 5 from line 4	i	<u> </u>				
	ction B. Total Support	-				,	
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			<u> </u>			
8	Gross income from interest,					İ	
	dividends, payments received on						
	securities loans, rents, royalties]
	and income from similar sources	<u> </u>					
9	Net income from unrelated business		 	<u> </u>			•
	activities, whether or not the						ĺ
	business is regularly carried on	- · · · · · ·					
10	Other income. Do not include gain					ł	
	or loss from the sale of capital	l I					
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10	· .			<u> </u>	 	<u> </u>
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)	. \square
Sec	organization, check this box and storection C. Computation of Publ	here	rcentage		<u></u>		
				l··· (0)		14	
	Public support percentage for 2011 (column (t))		· · · · · · · · · · · · · · · · · · ·	%
	Public support percentage from 2010	•	•		 14 io 22 1/20/ or i	15	%
IUa	33 1/3% support test - 2011. If the c stop here. The organization qualifies				14 15 33 1/3% 0/1	more, check this be	ox and
h	33 1/3% support test - 2010. If the c		_		 line 15 is 33 1/39	6 or more check t	P
	and stop here. The organization qual				III 10 10 10 00 1/07	o or more, check u	niis box
179		•	•	•	12 160 or 16b	and line 14 is 100/	
110	10% -facts-and-circumstances tes and if the organization meets the "fact						
	meets the "facts-and-circumstances"		· ·	•	•	ir iv now the organ	iization _
h	10% -facts-and-circumstances tes	•	•		•	 17a and line 15 :-	1004 or
D	more, and if the organization meets the	_				•	
	organization meets the "facts-and-circ				•		·
18	Private foundation. If the organization		•		,		
	The organization in the organization	and Hot Check a	DON OFFINE 13, 10	a, 100, 17a, 01 17L		edule A (Form 990	
					SCII		LEJ ZU I I

Schedule A (Form 990 or 990-EZ) 2011 [Partill] 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

<u> </u>	tion A. Public Support	elow, please com	piete Fart II j				
		(-) 0007	(1) 0000	4-1-0000	1.0.0015		10.7
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and			1			
	membership fees received (Do not		1	ŀ			
_	include any "unusual grants.")		 	 	 	 	
2	Gross receipts from admissions, merchandise sold or services per-		Į.	ļ	Į.	Į.	
	formed, or facilities furnished in		i		<u> </u>	1	
	any activity that is related to the		}		ŀ	1	
	organization's tax-exempt purpose		ļ	 		ļ	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-		1	I			}
	iness under section 513		ļ		ļ	ļ	<u> </u>
4	Tax revenues levied for the organ-				1	1	
	ization's benefit and either paid to		1		ł	1	
	or expended on its behalf						
5	The value of services or facilities			1	1	1	
	furnished by a governmental unit to		1				
	the organization without charge			<u>.</u>			
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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			j	1	}	
	amount on line 13 for the year	_					
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)		2707770000		-	क्ष की न्त्रेसको है किया का बाद बहुत ने क्षेत्र के	
Sec	ction B. Total Support	·		* *****	•	·	
	ndar year (or fiscal year beginning in)	(d) 2010	(e) 2011	(f) Total			
9	Amounts from line 6						
_	Gross income from interest,						
	dividends, payments received on				1		
	secunties loans, rents, royalties and income from similar sources			1	[1	
b	Unrelated business taxable income		 		<u> </u>	 	
_	(less section 511 taxes) from businesses						}
	acquired after June 30, 1975		[[ļ
,	Add lines 10a and 10b	- ··		<u> </u>	1	1	
11	Net income from unrelated business		 	<u> </u>	 	 	
•	activities not included in line 10b,	1	1				
	whether or not the business is						
12	regularly carried on Other income. Do not include gain		 	 	 -	 -	
	or loss from the sale of capital]		
40	assets (Explain in Part IV.)				 		
	Total support (Add lines 9, 10c, 11, and 12)		1	and formats in Still 1	<u>. </u>	501(-)(0)	
14	First five years. If the Form 990 is for	r trie organization	s iirst, second, thi	ra, τουπη, or titth t	ax year as a secti	on 501(c)(3) organiz	zation,
6~	check this box and stop here	ic Support Po	rcentage				┸
	ction C. Computation of Publ			(C)		Tar	
	Public support percentage for 2011 (•	coiumn (f))	•	15	
_	Public support percentage from 2010					16	%
	tion D. Computation of Inve					I= 1	
	Investment income percentage for 20	•	•	ne 13, column (f))		17	
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2011. If the	•					17 is not
	more than 33 1/3%, check this box a	•	•				▶∟
b	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anızatıon qualıfies	as a publicly supp	ported organization	▶∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	<u></u>
1320	23 01-24-12				\$~	hedule A (Form 99	0 or 990-FZ) 2011

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

CHICAGO ASSOCIATION OF REALTORS

Employer identification number

Pai	t I Organizations Maintaining Donor Advise		S OF ACCOUNTS Complete if the
	organization answered "Yes" to Form 990, Part IV, line		of 71000arts. Complete if the
	organization answered 100 to 10111 550,7 tart 14, link	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(4) 20/10/ 20/1000 (4/100	(b) I dilas alla ottici accounts
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year) Aggregate grants from (during year)		
4			
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	•	
	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	or donor advisor, or for any other purpos	, L
Pai	impermissible private benefit? It II Conservation Easements. Complete if the org	control on one word #Voo! to Form 200	Yes No
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a ce	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
a	Total number of conservation easements	- ·	2a
þ	Total acreage restricted by conservation easements	•	2b
С	Number of conservation easements on a certified historic str	, , .	. 2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished or terminated by the	ne organization during the tax
	year	_	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	- · · · · · · · · · · · · · · · · · · ·	
_	violations, and enforcement of the conservation easements if	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	
_	and section 170(h)(4)(B)(ii)?	-	Yes No
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describe	s the organization's accounting for
Da	conservation easements. † III Organizations Maintaining Collections of	6 Amt I lintonian I Transcomer	NI CONTRACTOR OF THE CONTRACTO
Pai		-	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 exh		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, ed	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 treating	asures, or other similar assets for financi	al gaın, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

CHICAGO ASSOCIATION OF REALTORS

		ONAL FOUND							46120	
Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Othe	r Simil	ar Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following th	at are a si	gnificant i	use of its	collection i	tems
	(check all that apply):									
а	Public exhibition	d	י וווי	oan or exc	hange progr	rams				
b	Scholarly research	е		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 of					ner simılar	assets	_	-	
-	to be sold to raise funds rather than to be ma								Yes	<u> </u>
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered	"Yes" to I	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par							•		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for o	contribution	ns or other a	ssets not	included		_	_
	on Form 990, Part X?				-	•			」 Yes	Ll No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able:						
	_								Amount	
	Beginning balance						1c			
	Additions during the year	•					1d			
_	Distributions during the year	-					1e			
f 0-	Ending balance		040				1f		T.,	
	Did the organization include an amount on Fe	•	21?						J Yes	∟_ No
Par	if "Yes," explain the arrangement in Part XIV. TV Endowment Funds. Complete if		awarad	"Voo" to Fo	000 Post	11/ lma 1/	`			
[1 41	Lindowinient i dilds. Complete				,			onen hoele	() Faura	bask
4-	Degraphe of year belongs	(a) Current year	(B) P	nor year	(c) Two yea	IS Dack	d) Three y	ears Dack	(e) Four y	ears dack
	Beginning of year balance								}	
b	Contributions					-		·		
ن	Net investment earnings, gains, and losses					-			ļ	<u> </u>
u	Grants or scholarships				-		-	-		
e	Other expenditures for facilities				1	ĺ				• 1
	and programs Administrative expenses					 				
	End of year balance						_	-		
g 2	Provide the estimated percentage of the curr	ront year and balance	o (lino 1	a column (c)) bold on					
	Board designated or quasi-endowment	erit year eriu balant	.e (iii le i (g, column (a	a)) Heiu as					
	Permanent endowment	<u> </u>	_′°							
	Temporarily restricted endowment	^~ 								
Ŭ	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	•	ation tha	t are held a	nd administ	ered for th	e organiz	ation		
-	by	ssion of the organiz	adon tha	t are neid a	ara darriiriist	ered for th	ie organiz	ation	√	es No
	(i) unrelated organizations								3a(i)	es 140
	(ii) related organizations	•							3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	lule R?		•	•		3b	
4	Describe in Part XIV the intended uses of the	•			•	•		••	<u> </u>	
Par	t VI., Land, Buildings, and Equipm									
	Description of property	(a) Cost or o	 		or other	(c) Ac	cumulate	d T	(d) Book v	/alue
	1 - 1 - 1 - 1	basis (investr			(other)		reciation	_	(-,	
1a	Land			-			三面をよりを対して	62 the		
	Buildings									
	Leasehold improvements		1	-						
d	Equipment	-		1	6,403.		2,34	13.	14	,060.
	Other_									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colum	nn (B), line 1	10(c).)	_			14	,060.

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)	<u> </u>			
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total (Col (b) must equal Form 000 Part V and (P) less 10)	ļ			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. S	1 000 P-+V h		一十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十十	7. W. "
Fait viii investments - Program Related. S	ee Form 990, Part X, line	9 13. T	(c) Method of valuation:	
(a) Description of investment type	(b) Book value		Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)	<u> </u>	_		
(6)				
(7)		+	·	
(8)		+	.	
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		1	•	
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description		(b) Book	value
(1)		•		
(2)				
(3)				
(4)				
(5)	-			
(6)				
(7)				
`(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part, X ₄ Other Liabilities. See Form 990, Part X,			▶	
(a) Description of liability		(b) Book value		AND AND
(1) Federal income taxes			The second of th	
(2)			grand from the state of the sta	
(3)			of the common sets of the second set of the second	
(4)				40.00
(5)				
(6)				
(7)				
(8)				
(9)			A second of the	
(10)				Mary Co.
(11)				-
Total. (Column (b) must equal Form 990, Part X, col (B) lin fin 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to 2. Fin 48 (ASC 740)	e 25.) to the organization's mancial state	tements that reports the n	rganization's liability for uncertain tax positions und	Berger .
2. FIN 48 (ASC 740)				
132053 01-23-12			Schedule D (Form	990) 2011

SCHEDULE (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

CHICAGO ASSOCIATION OF REALTORS

EDUCATIONAL FOUNDATION,

General Information on Grants and Assistance

INC.

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

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

OMB No 1545-0047

s

Employer identification number

36-3746120

8	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	stance? ocedures for monr	toring the use of grant	funds in the United	d States.			X Yes	2
ď.	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	Governments an	d Organizations in the	United States. C	omplete if the orga	anization answered "Y	es" 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	\$5,000. Check this	s box if no one recipier	it received more th	ian \$5,000 Part II	can be duplicated if	additional space is nee	pep	
	1 (a) Name and address of organization or government	(a)	(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	yrant e
DEP	DEPAUL UNIVERSITY FINANCIAL SERVICES, 1 EAST JACKSON CHICAGO. IL 60604-2287	36-2167048	501(C)(3)	000 01	0			PROMOTE RESEARCH IN THE FIELD OF REAL ESTATE	IN THE
									,
2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	e line 1 table				A	1.
က	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					•	
Ĭ	LHA For Paperwork Reduction Act Notice, see the Instructions for	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2011)	990) (2011)

CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC.

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 Schedule I (Form 990) (2011).

Page 2

36-3746120

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) CONTACT THROUGHOUT THE YEAR WITH THE EDUCATIONAL INSTITUTIONS WHICH RECEIVE Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information LINE 2: REPRESENTATIVES OF THE FOUNDATION MAINTAIN (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, SCHEDULE I, GRANT FUNDS

Schedule I (Form 990) (2011)

:

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

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

Part I

CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC.

Employer identification number 36-3746120

			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	•		ŀ
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	l		
	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,			ł
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			,
	establish compensation of the CEO/Executive Director. Explain in Part III.			•
	Compensation committee Written employment contract			
	Independent compensation consultant			, ~
-	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?	4a		X
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С		4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		,	, -
	0 1 F04 V0 F04 V0 1 1 1 1 1 1 1 1 1			'7
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	`		~1)
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:			X
	The organization?	5a		X
В	Any related organization?	5b		
6	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		1	٠.
0	contingent on the net earnings of:			
-	The organization?	6a		X
	Any related organization?	6b		X
b	• • • • • • • • • • • • • • • • • • • •	OD		_
7	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	2.2 ·		فحخمسا
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	•			
U	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	0		1
3	Regulations section 53.4958-6(c)?	9		
	negulations section 30.43000(c):	3		ļ.

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the Instructions for Form 990}. \\$

36-3746120

Schedule J (Form 990) 2011 EDUCATIONAL FOUNDATION, INC. 36–3746120

[Bartin] 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 VIII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(R) Breakdown of	(R) Breakdown of W.2 and/or 1099.MISC compensation	SC compensation	0		(F)	(E)
(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 as deferred in prior Form 990
	E		0	0	0	0	0.	0
1 VIRGINIA DOWNS	<u> </u>	288,718.	50	29,639.	1,716.	5,161.	325,734.	0
	ε							
2	Ξ							
	ε							
3	(ii)							
	(1)							
4	(ii)							
	ε							
5	(E)							
	ε							
9	€							
	ε							
7	(II)							
	ε							
8	▣							
	Θ							
6	⊞							
	ε							
10	(ii)							
	Ξ							
11	3							
	Ξ							
12	▣							
	Ξ							
13	Ξ							
	(I)							
14	Ξ							
	Ξ							
15	▣							
	Ξ							
16	▣							

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.

2011
Open to Public-Inspection

Name of the organization

CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC.

Employer identification number 36-3746120

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 GAINS ON INVESTMENTS: 2,190.
FORM 990, PART XII, LINE 2C: THE AUDIT OVERSIGHT AND ACCOUNTANT
SELECTION PROCESS HAS NOT CHANGED SIGNIFICANTLY FROM THE PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization	CHICAGO ASSOCIATION EDUCATIONAL FOUNDA	N OF REALTORS		Employer identification number 36-3746120
AMÈNDED RETURN	- EXPLANATION OF	CHANGE		
FORM 990, SCHEI	OULE J			
FORM 990, SCHEI	DULE J, PART II, L	INE 1(II):		
COLUMN (B)(I)	- BASE COMPENSATIO	N WAS CHANGED	TO REDUCE I	HE AMOUNT
PREVIOUSLY REPO	ORTED BY \$29,639 A	ND CORRECTLY R	EPORT THAT	AMOUNT IN
COLUMN (B)(III). NO OTHER AMOUN	TS OR INFORMAT	ION ON SCHE	DULE J OR FORM
990 AS ORIGINAL	LLY FILED WERE CHA	NGED.		
				
				
		-		
				
		···		
		····		
				
				-
				·

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

2011 Open to Public Inspection OMB No 1545-0047

Employer identification number 36-3746120

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

► Attach to Form 990. CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC.

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) or Total income	(e) End-of-year assets		(f) Direct controlling entity	_
					_		
					_		
	7						
Part II Identification of Related Tax-Exempt Organizations (Complemental) organizations during the tax year.)	ations (Complete if the organization	lete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt), Part IV, line 34 be	cause it had one	or more related tax-exer	npt	
(a)	(q)	(0)	(p)	(0)	(2)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	g	Public charity	Direct controlling	Section 512(b)	olled
oi related organization		foreign country)	section	status (ir section 501(c)(3))	entity	Yas A	S S
CHICAGO ASSOCIATION OF REALTORS - 36-0904580	36-0904580 UNITE REAL ESTATE INDUSTRY						
TH MIC	THROUGH EDUCATION &						
CHICAGO, IL 60604	RESEARCH	ILLINOIS	501(C)(6)		N/A		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990,	ns for Form 990.				Schedule R (Form 990) 2011	Form 990	1 201

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CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC. Schedule R (Form 990) 2011

36-3746120 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)

Page 2

General or Percentage managing ownership partner?			re related	(h) Percentage ownership			990) 2011
(j) General or managing partner? Yes No	_		or mo	1			Form
Code V-UBI amount in box n 20 of Schedule 4.1 (Form 1065)			cause it had one	(g) tal Share of end-of-year assets			Schedule R (Form 990) 2011
(h) Disproportion- ate allocations? Z Yes No K			IV, line 34 be	(f) Share of total income			
(g) Share of Dend-of-year at assets			to Form 990, Part	(e) Type of entity (C corp., S corp, or trust)			
(f) Share of total income			on answered "Yes"	(d) Direct controlling entity			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			plete if the organization	(C) Legal domicile (state or foreign country)			31
(d) Direct controlling entity (e)			poration or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related x year)	(b) Primary activity			
Legal domicile (state or foreign			as a Corpo				-
 (b) Primary activity			ganizations Taxable rporation or trust duri	Zc			
(a) Name, address, and EIN of related organization			Rentity Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year)	(a) Name, address, and EIN of related organization			132162 01-23-12

CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC. Schedule R (Form 990) 2011

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

Page 3

36-3746120

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes No	ŝ
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?	ns with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annurties (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				1	×	
c Gift, grant, or capital contribution from related organization(s)				1	X	
d Loans or loan guarantees to or for related organization(s)				₽		×
				9		×
Sale of assets to related organization(s)				7		×
						>
				ē		4
h Exchange of assets with related organization(s)				ŧ		×
i Lease of facilities, equipment, or other assets to related organization(s)		-		=		×
j Lease of facilities, equipment, or other assets from related organization(s)				F		×
k Performance of services or membership or fundraising solicitations for related organization(s)	anızation(s)			¥		×
I Performance of services or membership or fundraising solicitations by related organization(s)	anızatıon(s)			=		×
m Sharing of facılıties, equipment, mailing lists, or other assets with related organization(s)	tion(s)			£	×	
n Sharing of paid employees with related organization(s)				ţ	×	
 Reimbursement paid to related organization(s) for expenses 				ဍ	×	
p Reimbursement paid by related organization(s) for expenses				4		×
					-	
 Qther transfer of cash or property to related organization(s) 				₽		×
r Other transfer of cash or property from related organization(s)				11		×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	iis line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.		ŀ	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) CHICAGO ASSOCIATION OF REALTORS	0	.000,00	,000.ACTUAL			
(2)						
(h)						
(5)						
(9)						
132163 01-23-12	32		Schedule R (Form 990) 2011	R (Form	(066	2011

Page 4 36-3746120

CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION, INC.

Schedule R (Form 990) 2011

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.

ניומן אינט ויסו פו פינונים לו ויסופטים אינט פון מינט מינט פון מינט מינט מינט מינט מינט מינט מינט מינט	structions regarding excid	Sion for certain inve	sstment partnerships.	•					
(a)	Ð.		(a) (b)	E	(6)	£	3	3	3
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partners sec	0)	Share of	Dispropor-	Code V-UBI	General or	Percentage
of entity		(state or foreign country)	excluded from tax orgs?	total income	end-of-year assets	allocations?	allocations of Schedule K-1 partner? Ownership	partner?	ownership
			NO L CONTRACTOR NO			S	()	Les NO	
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CHICAGO ASSOCIATION OF REALTORS EDUCATIONAL FOUNDATION. INC.

Schedule R (Form 990) 2011	EDUCATIONAL	FOUNDATION,	INC.	36-3746120 Page 5
Schedule R (Form 990) 2011 PartVIII Supplemental Info	rmation			
Complete this part to pro	ovide additional informatio	n for responses to ques	tions on Schedule R (see ınstru	ctions)
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