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Internal Revenue Service

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

OMB No 1545-0047

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

Open to Public Inspection

	Of Life	e 2012 Calendar year, or tax year beginning	enuing		
Вс	heck if	C Name of organization		D Employer identific	ation number
	Addre:	CHICAGO WHITE SOX CHARITIES, INC			
	Name chang	Doing Business As	···	36-3719	918
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termir	•		312-674	~1000
	Ameno	City, town, or post office, state, and ZIP code	<u> </u>	G Gross receipts \$	2,182,496.
	Applic			H(a) is this a group ret	
	pendir		, , , , , , , , , , , , , , , , , , ,	for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates incli	
1 7	ax-exe	empt status: X 501(c)(3) 501(c) (or 527	1 ' '	st. (see instructions)
		te: N/A		H(c) Group exemption	· ·
		organization: X Corporation Trust Association Other	L Year		State of legal domicile: IL
	art I	Summary			
_	1	Briefly describe the organization's mission or most significant activities: See Sc	hedule O		
Governance		·			
ī.	2	Check this box If the organization discontinued its operations or dispo	sed of more	than 25% of its net ass	sets.
ove	1	Number of voting members of the governing body (Part VI, line 1a)		3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
Activities &	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	49
ŧ	1	Total number of volunteers (estimate if necessary)	•	6	20
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	564,098.
Q	I	Net unrelated business taxable income from Form-990-T, line 34		7b	0.
		RE(1:11/21)		Prior Year	Current Year
٥	8	Contributions and grants (Part VIII, line 1h)	ان،	484,239.	494,681.
Ĕ	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4xand 76)	IXI. 🗆	6,241.	9,472.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18	617,863.	790,193.
	12	Total revenue - add lines 8 through 11 (must equal Part/VIII, column (A), line (12)		1,108,343.	1,294,346.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,113,881.	1,272,429.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	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.
χ	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>-</u>	316,882.	303,501.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	. 🗀	2,430,763.	1,575,930.
		Revenue less expenses. Subtract line 18 from line 12		<1,322,420.	<281,584.
ces			Be	eginning of Current Year	End of Year
Assets d Balanc	20	Total assets (Part X, line 16)		3,471,423.	3,323,185.
Net As	21	Total liabilities (Part X, line 26)	L	1,561,133.	1,694,479.
		Net assets or fund balances. Subtract line 21 from line 20.	<u>.</u>	1,910,290.	1,628,706.
	art II	Signature Block		····,·	
Und	er pena	ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	knowledge and belief, it is
true,	, correc	t, and complete. Declaration of preparer (other (han officer) is based on all information of w	hich preparei		
		Juny Word	<u> </u>	8/27/1	3
Sig	n	Timother L. Buzard Treasurer		Date	
Her	e				
		Type or print name and title		Nacional Control	THE PARTY.
		Print/Type preparer's name Preparer's signature	_	Date Check	PTIN
Paid		Laura J. Gillespie Yama 9 Dille	ppr	8/26/13 self-employed	
•	parer	Firm's name DELOITTE TAX LLP		Firm's EIN	86-1065772
Use	Only	Firm's address 111 S. WACKER DRIVE			
		CHICAGO, IL 60606-4301		Phone no. (3)	12) 486-1000
May	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
2320	01 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instructi	ions.		Form 990 (2012)

	990 (2012) CHICAGO WHITE SOX CHARITIES, INC	36-3719918	Page 2
Pa	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	To provide financial and emotional support to Chicago-based organizations.		
	organizacions.		
			
2	Did the organization undertake any significant program services during the year which were not listed on		
	the pnor Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	•	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. (Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by ϵ	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total exp	penses, and
	revenue, if any, for each program service reported.		
4a		ie \$	833.)
	Provide financial assistance to help support various cancer programs,		
	children's charities and senior groups in accordance with CWSC's		
	501(c)(3) status. CWSC solicits contributions throughout the year by		
	hosting fund-raising events and programs including auctions of		
	memorabilia, raffles held at Chicago White Sox home games, and general		
	public contributions.		
			
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code) (Expenses \$		<u> </u>
			
			
_			
4c	(Code) (Expenses \$	ie \$	······································
			
4d	Other program services (Describe in Schedule O.)		- -
_	(Expenses \$ including grants of \$) (Revenue \$	-)
<u>4e</u>	Total program service expenses 1,523,018.		

Form 990 (2012) CHICAGO WHITE SOX CHARITIES, INC Part IV Checklist of Required Schedules

			res	INO
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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	,		x
	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3_		 ^-
4	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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ļ
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			l
	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, VII, VIII, IX, or X			
_	as applicable.	نظائب	الشئد	Ser Mi
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		x
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1 ia		 -
	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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		\vdash
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	1	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,			
	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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV			"
17		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		┝ᢡ
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			├
-	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 ((2012)

Form 990 (2012) CHICAGO WHITE SOX CHARITIES
Part IV 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	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		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			۱_
_	Schedule K. If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
U	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
а	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
	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	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	200		
	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			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	, X, A;	16.00	100
	instructions for applicable filing thresholds, conditions, and exceptions):	100 m	X	
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		Х
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			.,
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		Х
02	Schedule N, Part II	20		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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, 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		
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]	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	990 c	2012

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	990 (2012) CHICAGO WHITE SOX CHARITIES, INC 36-3719918		<u> </u>	age 5
Par				
	Check if Schedule O contains a response to any question in this Part V			<u>لـــا</u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-∤		
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	7		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		<u> </u>	
	(gambling) winnings to prize winners?	1c	X	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		İ	
	filed for the calendar year ending with or within the year covered by this return 2a 4	<u> </u>	ļ	ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	ļ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		ļ	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ļ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<u> </u>	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			i
	any contributions that were not tax deductible as charitable contributions?	6a	Ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		ļ.,.
7	Organizations that may receive deductible contributions under section 170(c).	Š		3
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?	_	X	↓
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1_	1	\
	to file Form 8282?	7c	├	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	┥	ļ	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	├─	X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	├	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	├	├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	 -	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		·	
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	 	1/46
9	Sponsoring organizations maintaining donor advised funds.	9a		·
a	Did the organization make any taxable distributions under section 4966?	9a 9b	\vdash	-
	Did the organization make a distribution to a donor, donor advisor, or related person?	90	╁	-
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		1	
a	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			. '
a	Gross income from other sources (Do not net amounts due or paid to other sources against	-	l	, ,
D	amounts due or received from them.)			
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	·
		128	\vdash	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	1	1	1
13		13a	\vdash	├
а	Note. See the instructions for additional information the organization must report on Schedule O.	138	\vdash	
L	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	average to be accorded to the state of the s		1	
_	Enter the amount of reserves on hand	1	}	
•	The state of the s			1

14a

14b

X

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 Х Section A. Governing Body and Management Yes Νo 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? x 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? ... 8a **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? Х 13 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶IL Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: TIMOTHY L. BUZARD - 312-674-1000 333 WEST 35TH STREET, CHICAGO, IL 60616

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CHICAGO WHITE SOX CHARITIES INC

36-3719918

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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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nei	(B)	1 (2)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	DOX,	, unle	ss pe	rson	is bot	han i	compensation	compensation	amount of
	week		officer and a director/tru				100)	from	from related	other
	(list any hours for	recto	l					the organization	organizations (W-2/1099-MISC)	compensation from the
	related	98 Or (ste			Safe		(W-2/1099-MISC)	(***-27 1099-141130)	organization
	organizations	trust	altru)yee	ed III		(** = * * * * * * * * * * * * * * * * *		and related
	below	Individual trustee or director	Institutional trustee	ا <u>بة</u>	Key employee	Highest compensated employee	Je .			organizations
	line)	Ē	Inst	Officer	Key	更量	Forn			
(1) Scott Reifert	1,00		i		ŀ					
Director, President		х		х				0.	0.	0
(2) Howard Pizer	1,00	Į								
Director, Secretary		х		Х		L	L	0.	0.	0
(3) Timothy Buzard	1.00			l						
Director, Treasurer		Х		х	_			0.	0.	0
(4) Terry Savarise	1.00			١.,	l					
Director		Х	_	<u> </u>		<u>L</u>		0.	0.	0
(5) Ken Williams	1.00									
Director		х	<u> </u>					0.	0.	0
(6) Brooks Boyer	1.00							_	_	_
Director		х	lacksquare		_	<u> </u>		0.	0.	0
(7) Jerry Reinsdorf	1.00				l	l				_
Director		Х	<u> </u>	<u> </u>			<u> </u>	0.	0.	0
(8) William Waters	1.00			l				_		_
Officer	1 00		_	х				0.	0.	0
(9) Christine O'Reilly	1.00			l	ŀ					
Executive Director		_	_	Х	<u> </u>	<u> </u>	<u> </u>	0.	0.	0
		ł								
			<u> </u>	-						
	<u> </u>		1	i '			l			
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(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	(D) Reportable compensation from	(E) Reportable compensatio from related		(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS	s	com fro orga and	pensation om the anization d related	n d
		_											
			_										
		L											
1b Sub-total c Total from continuation sheets to Part V	II, Section A		•			>		0.		0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but in compensation from the organization	not limited to th	nose	liste	ed al	bove	e) wl	no r	eceived more than \$100),000 of reportabl	0. e			0.
3 Did the organization list any former officer	, director, or tn	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on			Yes I	No
line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the s			 omp			n and	d ot	her compensation from	 the organization		3		X `§
and related organizations greater than \$15Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	rom	any	uni			Idual for services		4		x
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	or s	uch	pers	son					5	:	X
Complete this table for your five highest countered the organization. Report compensation for										pens	ation f	rom	
(A) Name and business	address	NO	NE					(B) Description of s	services	C	(C Comper) nsation	
Total number of independent contractors (\$100,000 of compensation from the organ		ot li	mite	d to		se I: 0	stec	dabove) who received m	nore than				

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under sections 512, 513, or 514 Related or Total revenue Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 66,757, c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 427,924 1f 253,502 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 494,681 Business Code Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 9,472 other similar amounts) 9,472 Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 66,757. of including \$ contributions reported on line 1c). See Part IV, line 18 334,676 109,414, **b** Less: direct expenses 225,262 c Net income or (loss) from fundraising events 225,262. 9 a Gross income from gaming activities. See Part IV, line 19 1,089,230 525 132 **b** Less: direct expenses 564,098 c Net income or (loss) from gaming activities 564,098 10 a Gross sales of inventory, less returns and allowances . 254,437 253,604. **b** Less: cost of goods sold ... c Net income or (loss) from sales of inventory 833 Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 1,294,346. 833 564,098. 234,734, Form 990 (2012)

Form 990 (2012) CHICAGO WHITE SOX CH Part IX Statement of Functional Expenses

360	Chack if Schoolule O contains a respon			mpiete column (A)	
	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			go. loral expelled	охроново
	organizations in the United States. See Part IV, line 21	1,272,429.	1,272,429.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			-	
	United States. See Part IV, lines 15 and 16				ş
4	Benefits paid to or for members				
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				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			···	
10	Payroll taxes				
11	Fees for services (non-employees):		İ		
а	Management				
b		323.		323.	
С	Accounting	32,327.		32,327.	
d	, , ,				
e	Professional fundraising services. See Part IV, line 17		· *	*	
f -	Investment management fees				· · · · · ·
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,462,		3 462	
13 14	Office expenses Information technology	3,402.		3,462.	
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				·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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 0.)	,	,		
а	Baseball Programs	250,589.	250,589.		
b	Credit Card Fees	8,420.	250,505.	8,420.	
c	Miscellaneous	4,310.		4,310.	
d	Postage Expense	4,070.		4,070.	
e	All other expenses			-,,,,,,	
25	Total functional expenses. Add lines 1 through 24e	1,575,930.	1,523,018.	52,912.	0.
26	Joint costs. Complete this line only if the organization		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, -	
-	reported in column (B) joint costs from a combined		İ		
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

Form 990 (2012)

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	151,206.	1	834,404.
	2	Savings and temporary cash investments	2,685,780.	2	2,000,000.
	3	Pledges and grants receivable, net	567,914.	3	442,665.
	4	Accounts receivable, net	25,722.	4	24,195.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	**************************************	5	
	6	Loans and other receivables from other disqualified persons (as defined under		۱ů	
		section 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 instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventones for sale or use	19,926.		21,921.
⋖	9	· · · · · · · · · · · · · · · · · · ·	20,875.	8	
	l	Prepaid expenses and deferred charges	20,873.	9	0.
	lua	Land, buildings, and equipment: cost or other	*	ľ	, >
	١.	basis. Complete Part VI of Schedule D			
	l	Less: accumulated depreciation 10b		10c	
	11	Investments · publicly traded securities		11	· · · · · · · · · · · · · · · · · · ·
	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)	3,471,423.	16	3,323,185.
	17	Accounts payable and accrued expenses	7,933.	17	16,988.
	18	Grants payable	1,553,200.	18	1,677,491.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,		Vy	1 %
iab		key employees, highest compensated employees, and disqualified persons.	1 3	Ä	
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	-		
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,561,133.	26	1,694,479.
		Organizations that follow SFAS 117 (ASC 958), check here ▶			
es		complete lines 27 through 29, and lines 33 and 34.	*		
ě	27	Unrestricted net assets	1,342,376.	27	1,186,041.
lala	28	Temporanly restricted net assets	567,914.	28	442,665.
Q B	29	Permanently restricted net assets		29	,
<u>.</u> 5		Organizations that do not follow SFAS 117 (ASC 958), check here			
o P		and complete lines 30 through 34.	· ·		
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	······································
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	1,910,290.		1 628 706
	34	Total liabilities and net assets/fund balances		33	1,628,706.
		Total liabilities and fiet assets/juffu datafices	3,471,423.	34	3,323,185.

	1990 (2012) CHICAGO WHITE SOX CHARITIES, INC	36-3719918		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,294	346.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,575	930.
3	Revenue less expenses. Subtract line 2 from line 1	3		<281	,584.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,910	290.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		-	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	,628	706.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		,	,	
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule	Ο.			السيكا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	> ,		` `
	separate basis, consolidated basis, or both:			A. ".	
	Separate basis Consolidated basis Both consolidated and separate basis			************************	`.
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	,	~	135
	consolidated basis, or both:		15	2	, ,
	Separate basis Consolidated basis Both consolidated and separate basis			20 mi	, 7
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			¥5
	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 Sche			1:3	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		. <	, · · · · · · · · · · · · · · · · · · ·
	Act and OMB Circular A-133?		3a	L	х
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>	_3b		
			Ea.	aan	(2012)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of	the organizati	on						E	mployer	identificati	on numb	oer
			ITE SOX CHARITIES,						3	6-3719918		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	.) See inst	tructions.				
The organ	uzation is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1 🔲	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2 🖳	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	rtal service organization (described	ın section	170(b)(1)	(A)(iii).					
4 🗀	A medical res	search organization	operated in conjunction	with a hos	prtal descr	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital	's name,	
	city, and stat	e:										
5 🗀	An organizat	on operated for the	benefit of a college or un	niversity o	wned or or	perated by	a govern	mental un	ıt descrit	oed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ite, or local governm	ent or governmental unr	t describe	d in sectio	n 170(b)(I)(A)(v).					
7 📖	☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170	b)(1)(A)(vi). (Comple	ete Part II.)									
в 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 <u>X</u>	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembersh	ıp fees, a	and gross red	ceipts fro	m
	activities rela	ted to its exempt fu	nctions - subject to certa	aın exceptı	ons, and (2) no more	than 33 ⁻	1/3% of its	s suppor	t from gross	investme	ent
			axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anızatıon	after June 3	0, 1975.	
	See section	509(a)(2). (Complete	e Part III.)									
10	-		perated exclusively to te		•			•				
11 📖	An organizat	on organized and o	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	e purposes o	of one or	
	more publicly	supported organization	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se e	ction 50 9(a)(3). Ch	eck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and compl		_							
	a L Type		•	ype III - Fu	-	•				n-functionali		ted
e 📖			at the organization is not						-			
_			han one or more publicly		•				9(a)(1) or	section 509	ı(a)(2).	
f			tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			г	
		rganization, check tl	•	-		_			_		L	
g	_		organization accepted ar			•		٠.			F. T.	
			lirectly controls, either al	ione or tog	etner with	persons o	lescribed	ın (II) and ((III) below		Yes N	No.
	-		upported organization?			•••	••	•	•	11g(i)	 	
	•	=	n described in (i) above?			••				11g(ii)	$\vdash \vdash \vdash$	
ь.		. •	person described in (i) o	• •	••			-		11g(iii)		
h	Flovide the i	ollowing information	about the supported or	yanızation	(8).							
(I) Name	of our sector	(::) [(1)	(III) Toron of a constant	(iv) Is the c	organization	(v) Did vo	notify the	(vi) Is	the	L		
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your			organizátic	on in col.	(vii) Amount	or moneti port	ary
D. g.			above or IRC section	governing	document?			(i) organiz U.S	.?	5 մերի	Juit	
			(see instructions))	Yes	No	Yes	No	Yes	No			
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Schedule A (Form 990 or 990-EZ) 2012

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						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1				,	
	include any "unusual grants.")	1				İ	
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			,			
	by each person (other than a						
	governmental unit or publicly	. *		^	,		
	supported organization) included	İ			,		
	on line 1 that exceeds 2% of the		<i>'</i>	,			
	amount shown on line 11,		, 4	S 44	- 1		
	column (f)	` `			`	~	
	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4		· · · · · · · · · · · · · · · · · · ·				
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				·		
9	Net income from unrelated business						
	activities, whether or not the			l			
	business is regularly carried on		·-·				
10	Other income. Do not include gain						
	or loss from the sale of capital				•		
	assets (Explain ın Part IV.)						
	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, the	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
Sec	organization, check this box and stoction C. Computation of Pub		rcentage	*			<u> </u>
14	Public support percentage for 2012 ((line 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 201					15	%
16a	33 1/3% support test - 2012. If the	organization did no	t check the box c	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			ightharpoons
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes				-	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explain	in Part IV how the	•
	organization meets the "facts-and-cir				•		▶□
18	Private foundation. If the organization						s ▶ □
							or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 CHICAGO WHITE SOX CHARITIES, INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						_	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	ınclude any "unusual grants.")	479,399.	440,786.	568,260.	468,260.	494,681.	2,451,386.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,232,121.	1,041,036.	622,589.	589,706.	589,113.	5,074,565.	
3	Gross receipts from activities that		· · · · · · · · · · · · · · · · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	2,711,520.	1,481,822.	1,190,849.	1,057,966.	1,083,794.	7,525,951.	
78	Amounts included on lines 1, 2, and			-				
	3 received from disqualified persons	346,065.	305,679.	424,533.	406,042.	387,435.	1,869,754.	
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
,	Add lines 7a and 7b	346,065.	305 679.	424,533.	406,042.	387,435.	1,869,754.	
	Public support (Subtract line 7c from line 6)	***'\\	~ 5	65 14 \$ 15 y	**. **** ;	1.44 樂 (x -4)。	5,656,197.	
	ction B. Total Support		<u> </u>			^ ^	3,000,201.	
$\overline{}$	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
	Amounts from line 6	2,711,520.	1,481,822.	1,190,849.	1,057,966.	1,083,794.	7,525,951.	
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	112,970.	19,995.	6,764.	6,241.	9,472.	155,442.	
t	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b	112,970.	19,995.	6,764.	6,241.	9,472.	155,442.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12)	2,824,490.	1,501,817.	1,197,613.	1,064,207.	1,093,266.	7,681,393.	
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organiz	ation,	
	check this box and stop here						<u> </u>	
$\overline{}$	Public support percentage for 2012 (column (fl)		15	73.64 %	
	Public support percentage from 2011		-	.0.0 (1,,,	•	16	72.10 %	
	ction D. Computation of Inve					101	70	
17				ne 13 column (fl)		17	2.02 %	
18	, , , , , , , , , , , , , , , , , , , ,							
	a 33 1/3% support tests - 2012. If the	· ·	•	on line 14 and line	15 is more than 3			
	more than 33 1/3%, check this box a	and stop here. The	organization qual	ifies as a publicly	supported organization	ation	\triangleright x	
t	33 1/3% support tests - 2011. If the	*						
	line 18 is not more than 33 1/3%, che			•		_		
<u>20</u>	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 190, check th	ns pox and see ins	structions		

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. 2012
Open to Public Inspection

Name of the organization

CHICAGO WHITE SOX CHARITIES, INC

Employer identification number 36-3719918

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the						
L	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								
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised	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 o	ŭ ŭ	•						
	impermissible private benefit?		Yes No						
Pai	rt II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, Part							
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).							
	Preservation of land for public use (e.g., recreation or education)								
	Protection of natural habitat Preservation of a certified historic structure								
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form of a	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 stru	ucture included in (a)							
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure							
	listed in the National Register .		2d						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization during the tax						
	year ▶								
4	Number of states where property subject to conservation eas	sement is located >							
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements it	holds?	Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting,	_	· · · · · · · · · · · · · · · · · · ·						
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during the	e year > \$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(
	and section 170(h)(4)(B)(ii)?		L Yes L No						
9	In Part XIII, describe how the organization reports conservation	-							
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for						
T D a.	conservation easements.	Art Historical Transcriptor or Oth	on Cimilan Assats						
LPai	rt III Organizations Maintaining Collections of	•	er Similar Assets.						
	Complete if the organization answered "Yes" to Form		A seed by large series and seed seed seed seed seed seed seed se						
ıa	If the organization elected, as permitted under SFAS 116 (AS		· ·						
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,						
	the text of the footnote to its financial statements that describe the executation elected as permitted under SEAS 116 (AS								
В	If the organization elected, as permitted under SFAS 116 (AS								
	treasures, or other similar assets held for public exhibition, ed	nucation, or research in furtherance of public	service, provide the following amounts						
	relating to these items:		.						
	(i) Revenues included in Form 990, Part VIII, line 1								
2	(ii) Assets included in Form 990, Part X		an provide						
~	If the organization received or held works of art, historical treating the following amounts required to be reported under SFAS 1:	_	an, provide						
а	Payanues included in Form 000. Part VIII. line 1		• \$						
	Assets included in Form 990, Part X		*						
-	, woods monaded in rouni ood, rait A		Ψ						

		TE SOX CHARITIE	<u> </u>					36-3719	_	Page 2
Pa	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	reasures,	or Othe	r Simil	ar Asse	ts(contin	ued)
з.	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following th	at are a si	gnificant	use of its	collection	ı ıtems
	(check all that apply):									
а	Public exhibition	d	ı 🔲	Loan or exc	change prog	rams				
b	Scholarty research	е	, 🗀	Other	• • •					
С	Preservation for future generations									
4	Provide a description of the organization's co	offections and explai	n how t	hey further t	the organiza	tion's exei	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be ma						_		Yes	☐ No
Pai	t IV Escrow and Custodial Arran					"Yes" to	Form 990	, Part IV.		
	reported an amount on Form 990, Par			Ū						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets not	ıncluded			
	on Form 990, Part X?		•						Yes	□ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina	table:	• •		• • •			
			g						Amount	
С	Beginning balance						1c		7 4 110 4 11	
	Additions during the year		-	• •			1d			
е	Distributions during the year			• -		••	1e			
f	Ending balance	•		•			1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. line	212		•		1		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.			on has beer	 n provided in	Part XIII			00	
	t V. Endowment Funds. Complete if						0.			
	<u> </u>	(a) Current year		Prior year	(c) Two year		(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	(- (-)	nor you.	1		<u>(a) </u>		(0) 1 0 0.1	Jours Buok
b	Contributions				<u> </u>			-		
c	Net investment earnings, gains, and losses									
d				·						
	Other expenditures for facilities				 				_	
	and programs					i				
f	Administrative expenses	-								
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line :	1a column (a)) held as:					
а	Board designated or quasi-endowment		%	· g, oo.a (a), 1101a ao.					
	Permanent endowment	%								
	Temporarily restricted endowment ▶	^ %								
_	The percentages in lines 2a, 2b, and 2c shou									
3a	Are there endowment funds not in the posse	•	ation th	at are held a	and administ	ered for th	ne organiz	ation		
	by:	oolon or the organiz	u	at are more t	and daminot	.0.00 101 11	ic organiz	ation	Г	Yes No
	(i) unrelated organizations								3a(i)	163 140
	(ii) related organizations	••							3a(ii)	-+-
ь	If "Yes" to 3a(ii), are the related organizations	 s listed as required o	n Sche	dule B?	• ••	•			3b	-
4	Describe in Part XIII the intended uses of the								<u> </u>	
Par	t VI Land, Buildings, and Equipm									
<u> </u>	Description of property	(a) Cost or o		T	t or other	(c) Ac	cumulate	d I	(d) Book	value
	2 compliant of property	basis (investr		1 ' '	(other)	1 ' '	reciation	~	(u) D001	, value
1a	Land			<u> </u>	·- '		· 1981.3	10 Alban	_	
	Buildings					t	w 76 × 17	CANGE .		
	Leasehold improvements					 				
	Equipment					 				
	Other			1		†				
	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colu	mn (B), line	10(c))	·		<u> </u>		0.

Schedule D (Form 990) 2012 CHICAGO WHITE SOZ			36-371	9918 Page 3
Part VII Investments - Other Securities. Se				
(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)				
(C)		 		
(D) (E)	<u> </u>			
(F)				
(G)		- 		<u> </u>
(H)				
(1)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related. Se	o Form 000 Port V	line 12		·
(a) Description of investment type	(b) Book value		valuation: Cost or end-of-	vear market value
(1)	(2) 2001 12:20	(0)		year market value
(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.			
(a)	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) line Part X Other Liabilities. See Form 990, Part X, I	9 15.)	<u> </u>	<u> </u>	- <u> </u>
(a) December of helide	ine 25.	(h) Pook value		 ,
		(b) Book value	4	
(1) Federal income taxes			4	To a command of
(2)		 -	4	
(3)		 	4	
(4)			4	and the state of t
(5)			.	
(6) (7)			4	
(8)			4	
(9)			1	
(10)			1	1
(11)			1	ļ
Total. (Column (b) must equal Form 990, Part X, col. (B) line	251		1	a de la companya de l
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex		ho organization's for-	l atatamenta that as a tra	}
liability for uncertain tax positions under FIN 48 (ASC 7				
masking for direction tax positions under FIN 46 (ASC /	-oj. Oneck nere ii the	e text of the loothore has	<u>been provided in Part XI</u>	ıı . ∟

			SOX CHARITIES,				36-3719918	Page 4
Part XI	Reconciliation of	Revenue per	Audited Finance	cial Stateme	nts With	Revenue per	Return	_
1 Total	I revenue, gains, and othe	r support per aud	ted financial staten	nents .			1	2,307,745.
2 Amo	unts included on line 1 bu	t not on Form 990), Part VIII, line 12:					
a Net t	unrealized gains on investi	ments	-		2a			
b Dona	ated services and use of fa	acilities .			2b]	
c Reco	ovenes of prior year grants				2c			
d Othe	r (Describe in Part XIII.)				2d	1,013,399		
e Add	lines 2a through 2d						2e	1,013,399.
3 Subt	ract line 2e from line 1						3	1,294,346.
4 Amo	unts included on Form 99	0, Part VIII, line 12	, but not on line 1:					
a Inves	stment expenses not inclu	ided on Form 990	, Part VIII, line 7b		4a		*	
b Othe	r (Describe in Part XIII.)				4b			
c Add	lines 4a and 4b						4c	0.
5 Total	revenue. Add lines 3 and						5	1,294,346.
Part XII	Reconciliation of	Expenses per	Audited Finan	icial Stateme	ents With	Expenses pe	r Return	
1 Total	expenses and losses per	audited financial	statements				1	2,464,080.
2 Amo	unts included on line 1 bu	t not on Form 990), Part IX, line 25:					
a Dona	ated services and use of fa	acılıtıes			2a		-	
b Prior	year adjustments				2b		1	
c Othe	r losses		-		2c	-	1	
d Othe	r (Describe in Part XIII.)				2d	888,150	1	
	lines 2a through 2d				<u> </u>		2e	888,150.
	ract line 2e from line 1			-	• •		3	1,575,930.
	unts included on Form 99	0. Part IX. line 25.	but not on line 1:	•		•		
	stment expenses not inclu				4a			
	r (Describe in Part XIII.)	000 0111 01111 000	, r art viii, iiiio r b	-	4b		┨	
	lines 4a and 4b				_ 10]		4c	0.
	expenses. Add lines 3 an	 d Ac (This must e	Paual Form 990 Par	t I line 18)		• •	5	1,575,930.
	Supplemental Info		quai i Oilli 330, i ai	(1, iiile 10)		_	T 9 1	1,373,330.
			of for Dort II, Image 2	E and Or Dark II	l linna 4n ni	and As Down IV Super-	1b 1 0b . D	1 V I 4 D1
	this part to provide the de							t v, line 4; Part
	art XI, lines 2d and 4b; and included in Part XI		and 4b. Also comp	piete this part to	provide any	/ additional informa	ition.	
mounts	Included in Part Al	, Diffe 2d:						
	· · · · · · · · · · · · · · · · · · ·							
	v		050 604					
ost or	Memorabilia Sold		253,604					· · · · · · · · · · · · · · · · · · ·
irect F	undraising Expenses		109,414					
irect S	ox Split Expenses		525,132					
et Asse	ts Released from Re	striction	125,249					
mounts	included in Part XI	T Line 2d.						

Schedule D (Form 990) 2012 CHI	CAGO WHITE SOX CHARITIES, INC	_36-3719918	Page 5
Schedule D (Form 990) 2012 CHI Part XIII Supplemental Informat	on (continued)		
•			
Direct Fundraising Expenses	109,414		
Direct Sox Split Expenses	525,132		
Direct box agric axpenses	323,232		
Cost of Memorabilia Sold	253,604		
			
	·	<u></u>	
			
			
	······································		
			
		····	

232055 12-10-12 Schedule D (Form 990) 2012

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

Employer identification number

2012

Open To Public

CHICAGO WH	36-3719918	36-3719918						
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	'es" to	Form 990, Part IV, I	ne 17. Form 990-EZ	filers are not		
a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover using o ding o ional f	overnment grants nment grants events fficers, directors, truit fundraising services?	stees orYes			
(i) Name and address of individual or entity (fundraiser)				(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
					-			
Total			•					
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration		
					-			
								

<u>S</u> ch	edu	l <u>e G (Form 990</u> or 990-EZ) 2012 CHICAGO WH:	ITE SOX CHARITIES,	INC	36-3	719918 Page 2
Pa	ırt	Fundraising Events. Complete if the	e organization answered	d "Yes" to Form 990, Part		more than \$15,000
		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Scoreboard Messages	Picnic in the Park	14	(add col. (a) through
ne			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	92,240.	64,382.	244,811.	401,433.
	2	Less: Contributions		38,532.	28,225.	66,757.
_	3	Gross income (line 1 minus line 2)	92,240.	25,850.	216,586.	334,676.
	4	Cash pnzes				
ģ	5	Noncash prizes				
cpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,671.	15,928.	83,815.	109,414.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)	••	>	(109,414)
г.	11	Net income summary. Combine line 3, column			<u> </u>	225,262.
Pa	ırt l		answered "Yes" to Form	i 990, Part IV, line 19, or r	eported more than	
	1	\$15,000 on Form 990-EZ, line 6a.		(L) Dull tobe (instead		I a n = 1 a a a a a a a a a a a a a a a a a a
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue			1,089,230.	1,089,230.
			Ī			

ses	2	Cash prizes		+-				418	,928.	 	418,928.
Expen	3	Noncash prizes		<u> </u>							
Direct Expenses	4	Rent/facility costs			<u>-</u> -						
	5	Other direct expenses						106	,204.		106,204.
	6	Volunteer labor	Yes 9	6 <u> </u>	Yes No	<u> </u>	Yes_ X No		%		
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•				•	(525,132)
	8	Net gaming income summary. Combine line 1	, column d, and line 7								564,098.
9	Ent	ter the state(s) in which the organization opera	tes gaming activities:	IL							
		he organization licensed to operate gaming ac No," explain:	tivities in each of thes	e state	s?					X Yes	L No
L		NO, ехріані.				· · ·					
		ere any of the organization's gaming licenses re	evoked, suspended or	termin	ated dunn	g the tax	year? _	,		Yes	X No

2 Cash prizes

Sch	nedule G (Form 990 or 990-EZ) 2012 CHICAGO WHITE SOX CHARITIES, INC 36-37	19918	Page 3
11	Does the organization operate gaming activities with nonmembers?	X Yes	s No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	s 🗓 No
13	Indicate the percentage of gaming activity operated in:		
	a The organization's facility	13a	100.00 %
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	2		
	Name Timothy L. Buzard		
	Address > 333 West 35th Street - Chicago, IL 60616		
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s 🗓 No
	2 2000 at 6 of garnization rate of contract that a time party from the organization records of garning retented.		
	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
•	of gaming revenue retained by the third party \$\bigs\sum_{		
	c If "Yes," enter name and address of the third party:		
•	c in res, enter hame and address of the third party.		
	Name ►		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	w. A. Obsishing Olympian		
	Name Christine O'Reilly		
	Gaming manager compensation ► \$0.		
	Description of services provided Manages the processes and procedures related to		
	gaming operations.		
	X Director/officer Employee Independent contractor		
17	Mandatory distributions:		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	s LXL No
ŀ	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii	and (v), a	nd Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informatio	n (see inst	ructions).
			·
			 _
_			····

SCHEDULE I (Form 990)

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

2012 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization							Employer identification number
CHICAGO WHITE		S, INC					36-3719918
Part I General Information on Grants a	ind Assistance						
 Does the organization maintain records 	to substantiate th	e amount of the grants	s or assistance, the	e grantees' eligibild	y for the grants or as:	sistance, and the selec	tion
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	Governments an	d Organizations in th	e United States. (Complete if the org	anızatıon answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000 Part II car	be duplicated if addit	tional space is nee	ded			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Advocate Charitable Foundation,				İ			Funds activities of the
DBA Advocate Hope Children's		i	i				Pediatric Oncology
Hospital - 205 W. Touhy Ave, Suite				•			Survivorship in
125 - Park Ridge, IL 60068	36-3297360	501(c)(3)	10,000.	0.			Fransition Program (POST)
							Club Based Mentoring
Big Brothers Big Sisters of Metro							Program at Valentine Boys
Chicago - 560 W Lake Street, 5th							and Girls Club. At the
Floor - Chicago, IL 60661	36-2681212	501(c)(3)	10,000.	0.		ļ	club 25 youth ages 9-14
Chicago Baseball Cancer Charities 1321 Bailey's Crossing Dr. Lemont, IL 60439	36-2965709	501(c)(3)	180,100.	0.			Supports cancer research, education and patient care
· · · · · · · · · · · · · · · · · · ·	-						Work with community and
Chicago Project for Violence							povernment partners to
Prevention - 1603 West Taylor St.							reduce violence in all
Rm 1085 - Chicago, IL 60612	37-6000511	501(c)(3)	25,000.	0.			forms, and continue to
City Year Inc. 287 Columbus Ave. Boston, MA 02216	22-2882549	501(c)(3)	100,000.	0.			Supports critically needed services to Chicago's most underserved youth
							COA Youth & Family
COA Youth & Family Centers							Centers helps Milwaukee
909 E North Avenue							children, teens, and
Milwaukee, WI 53212	39-0806339	501(c)(3)	15,000.	0.			families reach their
2 Enter total number of section 501(c)(3) a	ind government o	rganizations listed in th	ne line 1 table				19.
2 Enter total accept at ather acceptants	_ !	4 4-61-					

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2012)

232101 12-18-12

Schedule I (Form 990) CHICAGO WHITE Part II Continuation of Grants and Other			enizations in the U	nited States (Sch	edule I (Form 990) Ps		6-3719918 Pa
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Push for Excellence							Funds support the
930 E. 50th St.	l		-		ł		movement for social
Chicago, IL 60615	34-1230337	501(c)(3)	100,000.	٥.			change and equality
-			<u> </u>		· · · · · · · · · · · · · · · · · · ·	***	Provides free support
Gilda's Club Chicago					l		patients of cancer and
537 N. Wells St							their families and
Chicago, IL 60610	36-4115144	501(c)(3)	10,000.	0.			friends
	-	<u> </u>	 				The Jesse White
Jesse White Community Center		1			1		Poundation's mission i
134 N. Lasalle Ste 1820					ļ		to support the Jesse
Chicago, IL 60602	20-3110242	501(c)(3)	19,518.	0.			White Tumbling Team and
		<u> </u>					KaBOOM' is a national
Kaboom!							non-profit dedicated to
4301 Connecticut Ave. NW Suite ML-					1		maving play for America
Washington, DC 20008	52-1970904	501(c)(3)	83,500.	0.			children by creating
			 			 	Supports Hank Aaron Ha
National Baseball Hall of Fame and							of Fame exhibits "Chas
Museum - 25 Main St	j		1				the Dream" & "Viva
Cooperstown, NY 13326-0590	15-0572877	501(c)(3)	10,500.	0.			Baseball"
			,		<u> </u>	 - · · · · · · · · · · · · · · · ·	Founded in 1994, Parkwa
Parkways Foundation - Inner City							Foundation was the
Little League - 541 N. Fairbanks							non-profit, philanthrop
Ct Chicago IL 60611	36-3958347	501(c)(3)	10,000.	0.			partner of the Chicago
			20,000.				partner of the chicago
The Prostrate Cancer Foundation							Funds support research
1250 Fourth St. Suite 360		ŀ				<u> </u>	and education related
Santa Monica, CA 90401	95-4418411	501(c)(3)	25,460.	0.	i	i	prostrate cancer
	33 1410111	501(0)(3)	23,400.	<u> </u>		 	Ronald McDonald House
Ronald McDonald House						1	program provides a
One Kroc Drive							home-away-from-home"
Oak Brook IL 60523	36-3532553	501(c)(3)	98,274.	0.			-
		552(6)(5)	30,274.			 	families so they can so
Salvation Army							Committed to serving the
1250 W. 119th St.			1		-		underprivilaged,
Chicago IL 60643	36-2167909	501(c)(3)	8,705.	0.			providing disaster
Carcago, III 00043	30-410/303	Portellal	0,705.	υ.		L	relief,food and clothi

Schedule I (Form 990)

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CHICAGO WHITE SOX CHARITIES, INC

36-3719918

Page

	SOX CHARITIES	'					6-3719918 Page
Part II Continuation of Grants and Other	Assistance to Ge	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Special Childrens Charities							Grant used to purchase
541 N. Fairbanks Ct, 4th FL							uniforms for the Special
Chicago IL 60611	23-7026774	501(c)(3)	25,000.	٥.			Dlympics.
			25,000.				Punds support St. James
St. James Social Care			j i				food pantry delivery
2907 S. Wabash Ave.							program for homebound
Chicago, IL 60616	36-2171023	501(c)(3)	15,000.	٥.			seniors.
University of Chicago - Comer			1				Supports research,
Children Hospital - 1170 E. 58th			1				education and care for
Street - Chicago, IL 60637	36-3488183	501(c)(3)	10,000.	0.			pediatric patients
Chicago White Sox Community Fund -			<u> </u>				f
A Fund of the McCormick Poundation						ľ	Donation to fund the
- 205 N. Michigan Ave, Ste 4300 -							McCormick Foundation
Chicago, IL 60601	36-3689171	501(c)(3)	465,000.	0.			Community Fund
				_	_		
						1	
						1	
•					-		
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	<u> </u>					<u> </u>	
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	<u> </u>	L				L	L

Schedule I (Form 990) (2012) CHICAGO WHITE SOX CHA	RITIES, INC				36-3719918	Page 2
Part III Grants and Other Assistance to Individuals in the U Part III can be duplicated if additional space is needed		nplete if the organiz	ation answered "Yes	to Form 990, Part IV, line 22.		
(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-ca	ish assistance
	 					
						_
Part IV Supplemental Information. Complete this part to pro-	vide the information	on required in Part I	, line 2, Part III, coluπ	in (b), and any other additional in	nformation	
Schedule I, Part I, Line 2. Chicago White Sox Char	ities, Inc. a	wards grants				
to other 501(c)(3) organizations. Each grant reco	pient is requ	ired to				
complete a grant request which specifies the need	for the grant	and				
supplemental financial information. Grant request	s are vetted	by the				
Executive Director of the Chicago White Sox Charit	ies, Inc. and	, as a				
result of the vetting process, recommended grants	are brought t	o the Board				
for approval. Board members verify that the vetti	ing process wa	s accurate				
and that the charities applying for the grants mee			, =			
purposes. Grants are only awarded to Board approv	ed recipients	•				

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Schedule I (Form 990) (2012)

Schedule I (Form 990) CHICAGO WHITE SOX CHARITIES, INC	36-3719918	Page 2
Part IV Supplemental Information		
All applications and supporting documentation for grant requests are kept		
on file by the Chicago White Sox Charities, Inc.		
	·	
		_
If the grant is ultimately presented to the McCormick Foundation for		
partial matching funds under the Chicago White Sox Community Fund, a Fund		
of the McCormick Foundation, the McCormick Foundation also vets the		
application for approval. Any applications over \$100,000 are presented to	<u> </u>	
McCormick's board for final approval.		
Part II, line 1, Column (h):		
Name of Organization or Covernment.		
Name of Organization or Government:		
Big Brothers Big Sisters of Metro Chicago		
(h) Purpose of Grant or Assistance: Club Based Mentoring Program at		
	- ,	·
Valentine Boys and Girls Club. At the club 25 youth ages 9-14		
participate in the program receiving one-on-one mentoring with adult role		
models - with a focus on truancy and drop-out prevention and academic		
enhancement. Matches participate in activities with the focus of		
increasing social skills, developing self-esteem and new interests,		
Increasing Bocial Skills, developing Bell-esteem and new interests,	 	
further engaging students in school, enhancing academic performance,		·
decreasing absences from school, and considering a plan for the future.		
, and the second		
Name of Organization or Government:		
Chicago Project for Violence Prevention		
(h) Purpose of Grant or Assistance: Work with community and government		
		
partners to reduce violence in all forms, and continue to implement their	 	
public education campaign targeting Chicago residents, which employ		
community mobilization in conjunction with pervasive, targeted messaging		

Schedule I (Form 990) CHICAGO WHITE SOX CHARITIES, INC	36-3719918	Page 2
Part IV Supplemental Information		
strategies to promote individual behavior change and to transform the		
social norms that support the behavior.		
		<u></u>
Name of Organization or Government: COA Youth & Family Centers		

(h) Purpose of Grant or Assistance: COA Youth & Family Centers helps		
Milwaukee children, teens, and families reach their greatest potential		· · · · · · · · · · · · · · · · · · ·
through a continuum of educational, recreational and social work programs		
offered through its two urban community centers and rural camp facility.		
	<u> </u>	-
Name of Organization or Government: Jesse White Community Center		
	-	-
(h) Purpose of Grant or Assistance: The Jesse White Foundation's mission		-
is to support the Jesse White Tumbling Team and Training Program, as well	<u> </u>	
as, administer and operate the Jesse White Scholarship Program and the		
Jesse White Mutaring Drogram The funds being reigned are for the		
Jesse White Tutoring Program. The funds being raised are for the		
construction of the Jesse White Community Center, which will serve as the		
new home for the Foundation and it's supporting programs.		
Name of Organization or Government: KaBOOM!		
(h) Purpose of Grant or Assistance: KaBOOM! is a national non-profit	· · · · · · · · · · · · · · · · · · ·	<u> </u>
dedicated to saving play for America's children by creating great		
playspaces through the participation and leadership of communities. To		
date, KaBOOM! has built over 2,000 playgrounds, saving play for over 5.5		
million children.		
Name of Organization or Government:	·	
Parkways Foundation - Inner City Little League		
(h) Purpose of Grant or Assistance: Founded in 1994, Parkways Foundation		
, range of Grane of Assistance: Founded in 1994, Parkways Foundation		
was the non-profit, philanthropic partner of the Chicago Park District	· <u></u>	
22201	Schedule	l (Form 990)

232291 05-01-12

Schedule I (Form 990) CHICAGO WHITE SOX CHARITIES, INC	36-3/19918	Page 2
Part IV Supplemental Information		
Parkways sought private investment to enrich the physical and cultural		
landscape of Chicago's neighborhood parks. Parkways invested in capital		
projects, youth cultural and sports programs, and historic preservation		
in Chicago's neighborhood parks. Parkways projects focused on underserved		
neighborhoods for the enrichment of the lives of children and families.		
Name of Organization or Government: Ronald McDonald House		
(h) Purpose of Grant or Assistance: Ronald McDonald House program		
provides a "home-away-from-home" for families so they can stay close by		
their hospitalized child at little or no cost. The Houses are built on		
the simple idea that nothing else should matter when a family is focused		
on healing their child - not where they can afford to stay, where they		
will get their next meal or where they will lay their head at night to		
rest.		

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CHICAGO WHITE SOX CHARITIES INC

Employer identification number 36-3719918

Pa	rt I Types of Property			· · · · · · · · · · · · · · · · · · ·				
	туров от торогоу	(a)	(b)	(c)	(d			
		Check if	Number of	Noncash contribution	Method of d		nna	
		applicable	contributions or	amounts reported on	noncash contrib		•	ts
			items contributed	Form 990, Part VIII, line 1	9			
1	Art · Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential				-			
16	Real estate - Commercial							
17	Real estate - Other	-	<u>-</u> -					
18	Collectibles	x	8	253,502	Fair market valu	ie .		
19	Food inventory							
20	Drugs and medical supplies				-		_	
21	Toyldormy							
22	Historical artifacts	<u> </u>						
	••				 -			
23	Scientific specimens		<u> </u>					
24	Archeological artifacts	<u> </u>	· · · · · · · · · · · · · · · · · · ·					
25	Other ()							
26	Other ()							
27	Other ()							
28	Other (<u> </u>						
29	Number of Forms 8283 received by the organic		•					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive b	=		•		.	٤,	1
	at least three years from the date of the initial	contribution	, and which is not	required to be used for ex	empt purposes for		, ;	<u> </u>
	the entire holding period?		•		·· ··	30a		X
ь	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard cont	ributions?	31		х
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell nonca	sh			
	contributions?					32a		х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is	checked,			1
	describe in Part II.		•					1

SCHEDULE 0

(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.

2012
Open to Public Inspection

Name of the organization

CHICAGO WHITE SOX CHARITIES, INC

Employer identification number 36-3719918

Form 990, Part I, Line 1, Description of Organization Mission:
Chicago White Sox Charities ("CWSC") provides financial and emotional
support to Chicago-based organizations, including those leading the
fight against cancer, dedicated to improving the lives of youth through
recreation and education, and those offering support to children and
families in crisis. With the generous support of White Sox fans,
friends, and sponsors, CWSC has donated millions since its inception,
striving to improve the quality of life for Chicagoans of all ages,
races and genders.
Form 990, Part VI, Section A, line 2: Terry Savarise, Ken Williams,
Brooks Boyer, Jerry Reinsdorf, Scott Reifert, Howard Pizer, Timothy Buzard,
Christine O'Reilly, and William Waters all have a business relationship.
Form 990, Part VI, Section A, line 6: Jerry Reinsdorf is the sole member
of CWSC.
Form 990, Part VI, Section A, line 7a: Jerry Reinsdorf has the power to
elect the directors.
Form 990, Part VI, Section A, line 7b: Jerry Reinsdorf gives his consent
on the decisions of the board.
Form 990, Part VI, Section B, line 11: Form 990 is prepared by an outside
accounting firm and reviewed by management.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization CHICAGO WHITE SOX CHARITIES, INC	Employer identification number 36-3719918
Form 990, Part VI, Section C, Line 19: The governing documents and	
financial statements are on file with the Charitable Trust Division of	
Illinois Attorney General Office.	
Form 990, Part I, Line 5: The Chicago White Sox Charities, Inc. and	
Chicago White Sox, Ltd. have a certain amount of coordination of	
operations as to facilities, programs, employees or other activities	
and, as such, may be considered to have a close connection. Any	
services provided to the Chicago White Sox Charities, Inc. by an	
employee of Chicago White Sox, Ltd. were donated free of charge. All	
officers or directors of Chicago White Sox Charities, Inc. are employed	
by Chicago White Sox, Ltd. The officers and directors of the Chicago	
White Sox, Ltd. do not receive any benefits, including financial	<u> </u>
benefits such as compensation, from the Chicago White Sox Charities,	
Inc.	
- 	
- 	