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DLN: 93493101007147

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

Return of Organization Exempt From Income Tax

| reasu nterna | | nue Sen | I | Form 990 and its instructions is at \underline{w} | ww IRS o | <u>qov/foi m990</u> | | Inspection | |
|-----------------|-------------------|---|--|---|-----------|-----------------------|---------|-------------------------|-------|
| Fo | r the | 2015 c | alendar year, or tax year beginnin | g 09-01-2015 , and ending 08-31-20 | 16 | | | | |
| | | pplicable | C Name of organization | · · · · · · | | D Emp | loyer | r identification number | |
| | dress cl | | American Bar Association | | | 36- | 0723 | 3150 | |
| — _{Nā} | me cha | ange | Doing business as | | | | 0 / 2 3 | ,150 | |
| _ In | tıal retu | urn | Doing Business as | | | | | | |
| | nal termina | atod | Number and street (or P O box if m | ail is not delivered to street address) Room/si | uıte | E Tele | ohone | number | |
| | ended i | | 321 N Clark Street | | | (31 | 2)98 | 38-5000 | |
| _ | | n pendin | City or town, state or province, cour | ntry, and ZIP or foreign postal code | | | | | |
| | | | Chicago, IL 60654 | | | G Gros | s rece | eipts \$ 193,540,992 | |
| | | | F Name and address of princip | oal officer | H(a) | Is this a gro | up ret | turn for | |
| | | | Jack L Rives | | | subordinates | • | | · 🗸 |
| | | | 321 N Clark St Chicago, IL 60654 | | | No | | · | · |
| Tax | -exem | pt statu | | (insert no) 4947(a)(1) or 527 | H(b) | Are all subor | dınat | tes [Yes [| Νo |
| | | | 501(c)(3) 501(c)(6) | (insert no) 4947(a)(1) or 527 | | | chal | list (see instructions |) |
| W | ebsite | ::► w | ww americanbar org | | H(c) | Group exem | ption | n number 🕨 | |
| Forn | of ora | ganizatio | n ✓ Corporation | tion | L Ye | ar of formation | | | e IL |
| | 9 | ,a2a.c.o | | den 1 edie 7 | | | | | |
| Pa | rt I | Sur | nmary | | | | | | |
| 20 | То | serve | escribe the organization's mission equally the members of the legal tative of the legal profession and | profession and the public by defending | g liberty | and deliverin | g just | tice as the national | |
| 2 | 2 C | heck t | his box ▶ ┌ if the organization di | scontinued its operations or disposed | of more | than 25% of | its ne | et assets | |
| 2 | | | | | | | | 1 | |
| 5 | 3 N | lumber | of voting members of the governi | ng body (Part VI, line 1a) | | | 3 | 38 | 3 |
| | 4 N | lumber | of independent voting members of | | 4 | . 38 | } | | |
| 5 | | | umber of individuals employed in c | | 5 | 723 | 3 | | |
| ť | 6 T | 6 Total number of volunteers (estimate if necessary) | | | | | | 8,500 |) |
| | | | | art VIII, column (C), line 12 | | | 7a | 2,477,575 | 5 |
| | b Ne | et unre | lated business taxable income fro | m Form 990-T, line 34 | | | 71 | b 172 | ,086 |
| | | | | | | Prior Year | | Current Year | |
| _ | 8 | Cont | ributions and grants (Part VIII, li | | 7,35 | 5,372 | 2 7,664 | ,877 | |
| ēnuə | 9 | Prog | ram service revenue (Part VIII, li | ne 2g) | | 112,38 | 6,069 | 9 113,098 | ,115 |
| ĕΛċΗ | 10 | Inve | stment income (Part VIII, columr | 36,57 | 9,753 | 3 18,009 | ,368 | | |
| I | 11 | O the | r revenue (Part VIII, column (A), | lines 5, 6d, 8c, 9c, 10c, and 11e) | | 10,25 | 9,906 | 6 10,454 | ,253 |
| | 12 | | l revenue—add lines 8 through 11 | (must equal Part VIII, column (A), lir | ne | 166,58 | 1,100 | 0 149,226 | ,613 |
| | 42 | 12) | t | TV ashuma (A) hassa 1 2) | | 0.2 | 7 0 2 1 | 1 100 | E E 5 |
| | 13 | | | IX, column (A), lines 1-3) | | 92 | 7,925 | 5 1,189 | ,337 |
| | 14 | | · | X, column (A), line 4) ee benefits (Part IX, column (A), lines | • | | | - | |
| & | 15 | 5-10 | | se beliefits (Fart 1x, Column (A), mes | | 68,05 | 4,339 | 9 81,369 | ,782 |
| SC. | 1 6 a | Prof | essional fundraising fees (Part IX, | column (A), line 11e) | | | | | |
| Expenses | b | Total | fundraising expenses (Part IX, column (D |), line 25) ▶ ⁰ | | | | | |
| ш | 17 | | | lines 11a-11d, 11f-24e) | | 73,88 | 5,442 | 2 77,022 | ,761 |
| | 18 | Tota | l expenses Add lines 13-17 (mu | st equal Part IX, column (A), line 25) | | 142,86 | 7,706 | 6 159,582 | ,100 |
| | 19 | | | 18 from line 12 | | 23,71 | 3,394 | | |
| 5 9 | | | · | | | numa of Curror | + Vaa | er End of Year | |
| 3 2 | | | | | Begin | ining of Currer | птеа | ii Eliu oi Yeai | |
| 83 | 20 | Tota | l assets (Part X, line 16) | | | 323,52 | 2 ,4 3 | 1 318,580 | ,024 |
| Fund Balances | 21 | Tota | l liabilities (Part X, line 26) | | - | 167,86 | 9,053 | 3 179,036 | ,529 |
| Ĭ, | 22 | | | line 21 from line 20 | | 155,65 | 3,378 | 8 139,543 | ,495 |
| | t II | | nature Block | | | | | | |
| repa | iowled rer ha: | ige and | | amined this return, including accompainplete Declaration of preparer (other t | | | on all | | |
| ign Iere | | | | | | Succ | | | |
| iere | ; | | k L Rives Executive Director pe or print name and title | | | | | | |
| | | <u> </u> | Print/Type preparer's name | Preparer's signature | Date | T _ | PT | ΓΙΝ | |
| aic | | | | | _ 4.0 | Check If self-employe | | | |
| | | <u> </u> | Firm's name 🕨 | | | Firm's EIN | | | |
| re | oare | i | Firm's address • | | | Discussion | | | |

Use Only

| Form | 990 (2015) | | | Page 3 |
|------|---|-------------|-----|---------------|
| Par | t IV Checklist of Required Schedules | | | |
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | | No |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? * | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 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 | Yes | |
| 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 | | No |
| 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 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | No |
| 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? If "Yes," complete Schedule D, Part IV | 9 | | No |
| 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 | Yes | |
| 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 | | | |
| 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 | Yes | |
| 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 | | No |
| c | 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 | 11 c | | No |
| 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? <i>If "Yes," complete Schedule D, Part IX</i> | 11 d | | No |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Yes | |
| 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 | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12 a | | No |
| 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 and XII is optional | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 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 | | No |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | No |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | 18 | | No |
| 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 | | No |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

| | (=) | | | · ugc |
|----|---|----|-----|-------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's | 22 | Yes | |

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23

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

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior

year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current

or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛂 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Νo

Νo

Νo

Νo

Nο

Nο

Νo

Nο

Nο

Nο

Νo

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Form 990 (2015)

Yes

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

| Pai | rt V | Statements Regarding Other IRS Filings and Tax Compliance | | | | | _ |
|-----|----------------------------|---|-------------|--------------------------|-------------|---------|-----|
| | | Check if Schedule O contains a response or note to any line in this | Part | v | | Yes | No |
| 1a | Enter | the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 398 | | 1 65 | 140 |
| | | the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| c | Did th | e organization comply with backup withholding rules for reportable payments t | o ven | dors and reportable | | | |
| | gamın | g (gambling) winnings to prize winners? | | | 1 c | Yes | |
| 2a | Tax S | the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return | 2a | 723 | | | |
| b | If at le | east one is reported on line 2a, did the organization file all required federal em If the sum of lines 1a and 2a is greater than 250, you may be required to e-file | ploym | ent tax returns? | 2b | Yes | |
| 3a | Did th | e organization have unrelated business gross income of \$1,000 or more durir | g the | year [,] | 3a | Yes | |
| b | If "Yes | s," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanat</i> . | ion in S | Schedule O | 3b | Yes | |
| 4a | over, | , time during the calendar year, did the organization have an interest in, or a s a financial account in a foreign country (such as a bank account, securities ac nt)? | | | 4a | | No |
| b | If "Ye: See in (FBAR | s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Ban s) | k and | Financial Accounts | | | |
| 5a | Was tl | he organization a party to a prohibited tax shelter transaction at any time duri | ng the | tax year? | 5a | | No |
| b | Dıd ar | ny taxable party notify the organization that it was or is a party to a prohibited | tax sh | nelter transaction? | 5b | | No |
| c | If"Ye | s," to line 5a or 5b, did the organization file Form 8886-T? | | | | | |
| 6a | | the organization have annual gross receipts that are normally greater than \$1 | | | 5c 6a | Yes | |
| b | If"Ye | zation solicit any contributions that were not tax deductible as charitable con s," did the organization include with every solicitation an express statement t iot tax deductible? | | | 6b | Yes | |
| 7 | | izations that may receive deductible contributions under section 170(c). | | | | | |
| a | | e organization receive a payment in excess of \$75 made partly as a contributes provided to the payor? | | d partly for goods and | 7a | | |
| b | If"Ye | s," did the organization notify the donor of the value of the goods or services ${\mathfrak p}$ | orovide | ed? | 7b | | |
| | file Fo | e organization sell, exchange, or otherwise dispose of tangible personal properm 8282? | | which it was required to | 7 c | | |
| d | If"Ye | s," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did th | e organization receive any funds, directly or indirectly, to pay premiums on a | persor | nal benefit contract? | 7e | | No |
| f | Did th | e organization, during the year, pay premiums, directly or indirectly, on a pers | onal b | enefit contract? | 7f | | No |
| g | If the requir | organization received a contribution of qualified intellectual property, did the ded? | organı; | zation file Form 8899 as | 7 g | | |
| h | Form : | organization received a contribution of cars, boats, airplanes, or other vehicle 1098-C? | s, dıd • | the organization file a | 7h | | |
| 8 | Did a | oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bu the year? | ısınes: | s holdings at any time | 8 | | |
| 9a | Dıd th | e sponsoring organization make any taxable distributions under section 4966 | ?. | | 9a | | |
| b | Did th | e sponsoring organization make a distribution to a donor, donor advisor, or rel | ated p | erson? | 9b | | |
| 10 | | on 501(c)(7) organizations. Enter | | 1 | | | |
| | | tion fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross facılıtı | receipts, included on Form 990, Part VIII, line 12, for public use of club les | 10b | | | | |
| 11 | | on 501(c)(12) organizations. Enter | Ι. | I | | | |
| | | Income from members or shareholders | 11a | | | | |
| b | | income from other sources (Do not net amounts due or paid to other sources stamounts due or received from them) | 11b | | | | |
| | | on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 99 | 0 in lie | eu of Form 1041? | 12a | | |
| b | year | s," enter the amount of tax-exempt interest received or accrued during the | 12b | | | | |
| 13 | Section | on 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a | | organization licensed to issue qualified health plans in more than one state? I onal information the organization must report on Schedule O | Note. S | See the instructions for | 13 a | | |
| b | | the amount of reserves the organization is required to maintain by the states | 136 | | | | |
| _ | | ch the organization is licensed to issue qualified health plans | 13b | | | | |
| | | the amount of reserves on hand | 13c | 2 | 14- | | No |
| | | e organization receive any payments for indoor tanning services during the ta s," has it filed a Form 720 to report these payments? <i>If "No," provide an explan</i> . | • | | 14a 14b | | No |
| U | 11 16 | 5, has terried a form 720 to report these payments 11 No, provide all explain | acioii II | , Schicaule U | 17U | | |

| orm | 990 (2015) | | | Page | | |
|-----|---|------------|-----|--------|--|--|
| Par | For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI | | | w, | | |
| Se | ection 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 | | | | | |
| | 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 1b 38 | | | | | |
| 2 | 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? | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? • | 3 | | No | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | No | | |
| 6 | Did the organization have members or stockholders? | 6 | Yes | | | |
| 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? | 7a | Yes | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | No | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | | |
| а | The governing body? | 8a | Yes | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8 b | Yes | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No | | |
| | | | | | | |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a **10a** Did the organization have local chapters, branches, or affiliates? . Νo **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing 11a Yes **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 Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12h Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe **12**c Yes 13 Yes Did the organization have a written document retention and destruction policy? . . . 14 Yes 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? a The organization's CEO, Executive Director, or top management official 15a Yes f b Other officers or key employees of the organization $\ldots \ldots \ldots \ldots$ 15b Yes 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 **16**a Νo **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▶

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request 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, address, and telephone number of the person who possesses the organization's books and records ►William K Phelan 321 N Clark Street Chicago, IL 60654 (312) 988-5000

16b

Part VII

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A) Name and Title | (B) A verage hours per week (list any hours | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation from the |
|------------------------------|---|--|-----------------------|---------|--------------|-------------------------------|--------|--|--|---|
| | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated eniptovee | Former | 2/1099-MISC) | (W- 2/1099- MISC) | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
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| rt VII | Section A. Officers, | Directors, | Trustees, | Key Employees, | and Highest | Compensated E | mployees | (continued) |
|--------|----------------------|------------|-----------|----------------|-------------|---------------|----------|-------------|
|--------|----------------------|------------|-----------|----------------|-------------|---------------|----------|-------------|

| (A) Name and Title | (B) A verage hours per week (list any hours | more t | than o | one l both | oox, an d | heck unless officer stee) | i | (D) Reportable compensation from the organization (W- | (E) Reportable compensation from related organizations (W- | |
|---|---|-----------------------------------|-----------------------|---------------|--------------|------------------------------------|----------|--|--|--|
| | for related organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | 2/1099-MISC) | 2/1099-MISC) | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
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| | | | | | | • | | | | |
| c Total from continuation sh d Total (add lines 1b and 1c) | | | | ٠. | ٠. | | | 6,087,011 | | 440,004 |

| 3 | | | | | | | |
|---|--|---|-----|----|--|--|--|
| | on line 1a? If "Yes," complete Schedule J for such individual | 3 | | No | | | |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual | 4 | Yes | | | | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person | 5 | 103 | No | | | |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|-----------------------------|---------------------|
| USPS | Shipping | 2,534,061 |
| 2700 Campus Drive San Mateo, CA 944979224 | | |
| Quad Graphics Inc | Printing Services | 2,368,543 |
| PO Box 644840 Pittsburgh, PA 15264 | | |
| Escendent LLC | Consulting/Talent Services | 1,865,930 |
| 47 W Polk St Ste 100-232 Chicago, IL 60605 | | |
| Infocision Management Corporation | Telemarketing | 1,526,651 |
| PO Box 932441 Cleveland, OH 44193 | | |
| NaviSite Inc | IT Consulting | 865,912 |
| 400 Minuteman Rd Andover, MA 01810 | | |

Yes

No

| Form 99 | 0 (20 | 15) | | | | | | Page 9 |
|---|----------|---|--|-------------------------|--------------------|--|---|--|
| Part V | 1111 | Statement o | | | | | | _ |
| | | Check If Schedu | ule O contains a respoi | nse or note to any lir | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| N R | 1a | Federated cam | paigns 1a | | | | | |
| Grants mounts | b | Membership du | es 1b | | | | | |
| A G | С | Fundraising eve | ents 1c | | | | | |
| Sifts Iar | d | Related organiz | zations 1d | | | | | |
| ii. (S | е | Government grants | s (contributions) 1e | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | f | sımılar amounts no | | 7,664,877 | j | | | |
| | g | Noncash contribution 1a-1f \$ | ons included in lines | | | | | |
| Contand | h | Total. Add lines | s 1a-1f | | 7,664,877 | | | |
| | | | | Business Code | | | | |
| Program Service Revenue | 2a | Meeting Fees | | | 27,303,658 | 27,303,658 | | |
| å | b | Publication Revent | Je | | 8,182,868 | 8,182,868 | | |
| MC e | С | Advertising Revenu | ue | 511120 | 1,925,495 | | 1,925,495 | |
| 3. | d | Membership Dues | | | 71,231,854 | 71,231,854 | | |
| ran | e f | All other progra | am service revenue | | 4,454,240 | 4,454,240 | | |
| ₹og | | | | | | | | |
| | g 3 | | s 2a-2f ome (including dividen | | 113,098,115 | | | |
| | | and other simila | aramounts) | • | 13,582,340 | | | 13,582,340 |
| | 4 | | stment of tax-exempt bond | ` ` <u>`</u> } | 9,331,642 | | | 9,331,642 |
| | 5 | Royalties | (ı) Real | (II) Personal | 3,331,042 | | | 3,331,042 |
| | 6a | Gross rents | () | | | | | |
| | b | Less rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental inco | me or (loss) | | | | | |
| | | Gross amount | (ı) Securities | (II) O ther | | | | |
| | 7a | from sales of assets other than inventory | 48,741,407 | | | | | |
| | ь | Less cost or other basis and | 44,314,379 | | | | | |
| | _ | sales expenses Gain or (loss) | 4,427,028 | | | | | |
| | c d | | (ss) | | 4,427,028 | | | 4,427,028 |
| ænne | 8a | Gross income f events (not inc | rom fundraising | , | | | | |
| Other Revenue | | of contributions See Part IV, lin | reported on line 1c) ne 18 | | | | | |
| Oth | ь | | penses b | | | | | |
| • | C | | (loss) from fundraising | events ▶ | | | | |
| | 9a | | rom gaming activities ne 19 a | | | | | |
| | Ь | | penses b | | | | | |
| | ° | net income or (| (loss) from gamıng actı | vides | | | | |
| | 10a | Gross sales of returns and allo | | | | | | |
| | ь | Less cost of g | oods sold b | | | | | |
| | С | Net income or (| (loss) from sales of inv | entory ▶ | | | | |
| | 4. | Miscellaneous | | Business Code 900004 | E13 300 | | E12 200 | |
| | 11a h | Marketing Fees | <u> </u> | 900004 | 512,290 610,321 | 570,531 | 512,290 39,790 | |
| | b c | Other Income | | 300033 | 313,321 | 3,0,331 | 33,,30 | |
| | d | All other reven | ue | | | | | |
| | e | Total. Add lines | s 11a-11d | | 1,122,611 | | | |
| | 12 | Total revenue. | See Instructions . | | 149,226,613 | 111,743,151 | 2,477,575 | 27,341,010 |
| | | | | | 1 +2,220,013 | 111,173,131 | -,711,313 | 21,071,010 |

| orm | 990 (2015) | | | | Page 10 |
|----------|---|------------------------|------------------------------------|---|---------------------------------------|
| Part | Statement of Functional Expenses | | | | |
| Section | on 501(c)(3) and 501(c)(4) organizations must complete all columns | All other organiza | tions must com | plete column (A) | |
| | Check if Schedule O contains a response or note to any line in t | this Part IX | | | |
| | ot include amounts reported on lines 6b, o, 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 domestic organizations and domestic governments See Part IV, line 21 | 1,011,999 | | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 177,558 | | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 5,917,334 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | 0 | | | |
| 7 | Other salaries and wages | 50,776,920 | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 3,600,059 | | | |
| 9 | Other employee benefits | 17,494,320 | | | |
| 10 | Payroll taxes | 3,581,149 | | | |
| 11 | Fees for services (non-employees) | 3,301,149 | | | |
| a | Management | 192,632 | | | |
| b | Legal | 1,258,696 | | | |
| c | Accounting | 162,692 | | | |
| d | Lobbying | 1,217,538 | | | |
| | | 1,217,538 | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f - | Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) | 0 | | | |
| g 12 | amount, list line 11g expenses on Schedule O) | 1,206,442 9,983,476 | | | |
| 13 | Office expenses | 9,193,044 | | | |
| | • | | | | |
| 14 | Information technology | 2,797,355 | | | |
| 15 | Royalties | 818,406 | | | |
| 16 | Occupancy | 4,295,576 | | | |
| 17 18 | Travel | 10,070,181 | | | |
| 19 | Conferences, conventions, and meetings | 21,571,074 | | | |
| 20 | Interest | 518,683 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 3,343,028 | | | |
| 23 | Insurance | 289,039 | | | |
| 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) | 203,003 | | | |
| а | Тах | 1,247,078 | | | |
| ь | Utilities | 149,872 | | | |
| c | Miscellaneous Operating | 1,549,456 | | | |
| d | Interfund Transfers | 7,158,493 | | | |
| e | All other expenses | 0 | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 159,582,100 | | | |
| 26 | Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

| Part X | Balance | Sheet |
|--------|---------|-------|
| | | |

| | 990 (2 | | | | | | Page 11 |
|-------------------------|--------|--|---------------------|---------|-------------------|-------------|-------------|
| Par | | Balance Sheet | D V | | | | _ |
| | | Check if Schedule O contains a response or note to any | ine in this Part X | • • | (A) | · · | (B) |
| | | | | | Beginning of year | | End of year |
| | 1 | Cash-non-interest-bearing | | | 5,246,854 | 1 | 17,911,064 |
| | 2 | Savings and temporary cash investments | | | 37,484 | 2 | 37,587 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 5,701,456 | 4 | 4,878,531 |
| | 5 | Loans and other receivables from current and former of | | | | | |
| | | trustees, key employees, and highest compensated em II of | ployees Complete | Part | | | |
| | | Schedule L | | | | _ | |
| | 6 | Loans and other receivables from other disqualified per section 4958(f)(1)), persons described in section 4958 | | nder | | 5 | |
| Assets | | contributing employers and sponsoring organizations of voluntary employees' beneficiary organizations (see install of Schedule L | | | | 6 | |
| SS | _ | Notes and leave uses wells not | | - | | 7 | |
| • | 7 | Notes and loans receivable, net | | • • | 2 704 622 | | 2 222 046 |
| | 8 | Inventories for sale or use | | | 3,701,633 | 8 | 3,332,016 |
| | 9 | Prepaid expenses and deferred charges | | . | 2,799,852 | 9 | 1,946,092 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 71, | 537,930 | | | |
| | ь | Less accumulated depreciation | 10b 58, | 736,570 | 15,160,191 | 10 c | 12,801,360 |
| | 11 | Investments—publicly traded securities | | | 290,616,482 | 11 | 277,398,094 |
| | 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 | | | 258,479 | 15 | 275,280 |
| | 16 | Total assets.Add lines 1 through 15 (must equal line 34 | 1) | | 323,522,431 | 16 | 318,580,024 |
| | 17 | Accounts payable and accrued expenses | | | 8,789,185 | 17 | 6,903,756 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 49,975,014 | 19 | 53,832,189 |
| | 20 | Tax-exempt bond liabilities | | . [| | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV | of Schedule D . | | | 21 | |
| lities | 22 | Loans and other payables to current and former officers key employees, highest compensated employees, and o | , , | s, | | | |
| <u>.</u> | | persons Complete Part II of Schedule L | | | | 22 | |
| Liabi | 23 | Secured mortgages and notes payable to unrelated thir | d parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third p | arties | . [| | 24 | |
| | 25 | Other liabilities (including federal income tax, payables and other liabilities not included on lines 17-24) Complete Part X of Schedule D | to related third pa | rties, | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | 109,104,854 | 25 | 118,300,584 |
| | 26 | Total liabilities.Add lines 17 through 25 | | | 167,869,053 | 26 | 179,036,529 |
| | | Organizations that follow SFAS 117 (ASC 958), check h | ere 🕨 🗸 and com | plete | | | |
| Ses | | lines 27 through 29, and lines 33 and 34. | | | | | |
| <u>a</u> | 27 | Unrestricted net assets | | | 155,653,378 | 27 | 139,543,495 |
| ထိ | 28 | Temporarily restricted net assets | | | | 28 | |
| 2 | 29 | Permanently restricted net assets | | . | | 29 | |
| Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), | check here ► 🗀 a | and | | | |
| 0 | | complete lines 30 through 34. | | | | | |
| et et | 30 | Capital stock or trust principal, or current funds | | . | | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building or equipmen | | | | 31 | |
| Net | 32 | Retained earnings, endowment, accumulated income, of | otner funds | - | 455 050 070 | 32 | 420 540 405 |
| Z | 33 | Total net assets or fund balances | | } | 155,653,378 | 33 | 139,543,495 |
| | 34 | Total liabilities and net assets/fund balances | | | 323,522,431 | 34 | 318,580,024 |

149,226,613

159,582,100

-10,355,487

155,653,378

-5,754,396

No

Νo

Nο

Form 990 (2015)

139,543,495

Yes

Yes

Yes

Reconcilliation of Net Assets

| Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | | <u>~</u> |
|---|--|--|--|--|--|--|--|----------|
| | | | | | | | | |

Total revenue (must equal Part VIII, column (A), line 12)

Total expenses (must equal Part IX, column (A), line 25) . . . Revenue less expenses Subtract line 2 from line 1 . . .

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . Net unrealized gains (losses) on investments . .

Donated services and use of facilities . Investment expenses

Prior period adjustments .

Other changes in net assets or fund balances (explain in Schedule O) . 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))

Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990

Cash ✓ Accrual COther 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? 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 Separate basis Consolidated basis

basis, consolidated basis, or both Separate basis

Schedule O

✓ Consolidated basis

Single Audit Act and OMB Circular A-133?

c 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?

b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

Both consolidated and separate basis

If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Both consolidated and separate basis

2a

1

2

3

4

5

6

7

8

9

10

2b

2c

3a

3b

Additional Data

Software Version: 15.3.0.0

EIN: 36-0723150

Name: American Bar Association

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)

ABA Sections. Divisions, and Forums The American Bar Association is one of the largest voluntary professional associations in the world. Throughout its history, the

ABA Sections, Divisions, and Forums The American Bar Association is one of the largest voluntary professional associations in the world. Throughout its history, the ABA has demonstrated an ability to anticipate the needs of the legal profession and respond to the needs of a changing society. The ABA brings the resources of a large national organization to the analysis and development of policy on issues that are of concern to both the profession and the public. Much of this work is carried out through entities of the Association, primarily Sections, Divisions and Forums. Continued on Schedule O.

Software ID: 15000290

Software Version: 15.3.0.0

EIN: 36-0723150

Name: American Bar Association

| Form 990, Part VII - Compensation Compensated Employees, and Inde | of Officers, pendent Co | Direc ntrac | ctor tors | s,T | rus | tees | i, K | ey Employees | , Highest | |
|--|---|-----------------------------------|-----------------------|--------------------|-----------------------------|------------------------------|-----------------|---|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | more pers and | than on is | one bot ecto | not box h an or/tr | offic ustee | ess er e) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | (W- 2/1099- MISC) | MISC) | organization and related organizations |
| Paulette Brown President | 20 00 | × | | x | | | | 32,227 | 0 | C |
| Lında A Klein President-Elect | 40 00 1 00 | х | | × | | | | 50,000 | 0 | (|
| Patricia Lee Refo Chair, House of Delegates | 8 00 1 00 | x | | х | | | | 1,222 | 0 | (|
| Mary T Torres Secretary | 5 00 1 00 | х | | × | | | | 0 | 0 | (|
| G Nicholas Casey Treasurer | 2 00 | x | | х | | | | 0 | 0 | (|
| William C Hubbard Immediate Past President | 15 00 1 00 | x | | | | | | 86,227 | 0 | (|
| Wendell G Large Member-At-Large | 9 00 | x | | | | | | 0 | 0 | (|
| Barry Hawkins Member-At-Large | 20 00 | × | | | | | | 0 | 0 | (|
| Penina Kessler Lieber Member-At-Large | 5 00 1 00 | × | | | | | | 0 | 0 | (|
| Herbert B Dixon Member-At-Large | 1 00 | × | | | | | | 0 | 0 | (|
| | | | | | | | | | | |

| Form 990, Part VII - Compensation Compensated Employees, and Inde | | | | | Γru | stee | s, k | Key Employe | es, Highest | |
|--|---|-----------------------------------|-----------------------|-----------------------------|-----------------------------------|------------------------------|--------|---|--|--|
| (A) Name and Title | (B) A verage hours per week (list any hours for related organizations | m unle: | ore t ss pe | han erso cer tor/t | not one n is and trus | tee) | an | (D) Reportable compensation from the organization (W- 2/1099- MISC) | (E) Reportable compensation from related organizations (W- 2/1099- MISC) | (F) Estimated amount of other compensation from the organization |
| | below dotted line) | Individual trustee or director | Institutional Trust⊭ë | Officer | key employee | Highest compensated employee | Former | , | , | and related organizations |
| E Fıtzgerald Parnell III | 8 00 | | | | | | | _ | | |
| Member-At-Large | 1 00 | Х | | | | | | 0 | 0 | 0 |
| David F Bienvenu Member-At-Large | 5 00 1 00 | x | | | | | | 0 | 0 | 0 |
| Stephen E Chappelear Member-At-Large | 2 00 | × | | | | | | 0 | 0 | 0 |
| Eduardo Roberto Rodriguez Member-At-Large | 10 00 | × | | | | | | 0 | 0 | 0 |
| Joe B Whisler Member-At-Large | 1 00 | × | | | | | | 0 | 0 | 0 |
| Joseph B Bluemel Member-At-Large | 1 00 | × | | | | | | 0 | 0 | 0 |
| Jimmy Goodman Member-At-Large | 2 00 | х | | | | | | 0 | 0 | 0 |
| Harry Truman Moore | 6 00 | v | | | | | | | | |

1 00 1 00

1 00 5 00

1 00

Χ

Member-At-Large

Member-At-Large

John L McDonnell

Member-At-Large

John C Schulte

| Form 990, Part VII - Compensation Compensated Employees, and Inde | | | | | Γru | stee | s, k | Cey Employe | es, Highest | |
|--|---|-----------------------------------|---------------------------|-------------------------------------|---------------------------|------------------------------|--------|---|---|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | Pos m unles | sition iore t ss pe | (C n (do than erso icer | not one n is and | | | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| A Vincent Buzard | 1 00 | | | | | | | | | |
| Member-At-Large | 1 00 | X | | | | | | 0 | 0 | C |
| William C Carpenter | 1 00 | | | | | | | _ | _ | |
| Member-At-Large | 1 00 | X | | | | | | 0 | 0 | (|
| Alan Van Etten | 1 00 | | | | | | | | | |
| Member-At-Large | 1 00 | X | | | | | | 0 | 0 | |
| Robert T Gonzales | 1 00 | | | | | | | | | |
| Member-At-Large | 1 00 | X | | | | | | 0 | 0 | (|
| Ramona G See | 1 00 | | | T | | | | | | |
| | | X | | | | | | 0 | 0 | |
| Member-At-Large ———————————————————————————————————— | 1 00 | <u> </u> ' | L | igspace | | | | | | |
| Pamela C Enslen | 1 00 | | | | | | | | | |
| Member-At-Large | 1 00 | X | | | | | | 0 | 0 | (|
| David Russell Poe | 1 00 | | | Γ | | | | | | |
| Member-At-Large | 1 00 | X | | | | | | 0 | 0 | (|
| | | | | - | _ | | _ | | | |

5 00

1 00 15 00

> 1 00 1 00

1 00

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Χ

William R Bay

Member-At-Large

Donald R Dunner

Member-At-Large

Ilene Knable Gotts

Member-At-Large

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Inde | penaent Co | ntrac | tor | 5 | | | | ı | Ì | i ' |
|---|---|-----------------------------------|-----------------------|----------------------|----------------------------|------------------------------|----------|---|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | unles | ore t ss pe | than erso icer | not one on is and | | , | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | Former | MISC) | MISC) | organization and related organizations |
| Bernard T Kıng Member-At-Large | 15 00 1 00 | х | | | | | | 0 | 0 | 0 |
| Ruthe Catolico Ashley Member-At-Large | 1 00 | x | | | | | | 0 | 0 | C |
| Orlando Lucero Member-At-Large | 2 00 | х | | | | | | 0 | 0 | |
| Marcia Milby Ridings Member-At-Large | 1 00 | х | | | | | | 0 | 0 | C |
| Pamela A Bresnahan Member-At-Large | 5 00 1 00 | х | | | | | | 0 | 0 | C |
| Mın K Cho Member-At-Large | 3 00 | x | | | | | | 0 | 0 | |
| Erica Rose Grinde Member-At-Large | 1 00 | х | | | | | | 0 | 0 | (|
| Christopher S Jennison Member-At-Large | 3 00 | х | | | | | | 0 | 0 | |
| Jack L Rives | 80 00 | | | | \Box | \Box | \vdash | | | |

5 00 65 00

1 00

Executive Director and Chief Operating Officer

Associate Executive Director, General Counsel

Jarisse Sanborn

1,228,110

394,240

22,457

22,346

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

20,038

6,625

28,120

19,821

21,029

0

ol

| Compensated Employees, and Inde | pendent Co | ntrac | tor | s | | | | | | |
|---|---|-----------------------------------|-----------------------|---------------------------------|---------------------------|------------------------------|-------|---|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | Pos m unles | ition ore t | (C (do han erso cer | not one n is and | | | (D) Reportable compensation from the organization (W- 2/1099- | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officer | key employee | Highest compensated employee | MISC) | | MISC) | organization and related organizations |
| William Phelan Sr Associate Executive Director and CFO | 42 00 3 00 | | | | x | | | 373,288 | 0 | 47,864 |
| Thomas M Susman Associate Executive Director | 1 00 | | | | х | | | 377,271 | 0 | 17,212 |
| Alpha Brady Director | 45 00 5 00 | | | | х | | | 274,595 | 0 | 14,633 |
| Valena J Stokes Sr Associate Executive Director Chief Human Resources Officer | 1 00 | | | | x | | | 259,102 | 0 | 37,465 |
| Carol Stevens Associate Executive Director | 1 00 | | | | х | | | 259,381 | 0 | 34,200 |

40 00

1 00 33 00

8 00 49 00

1 00 55 00

1 00 40 00

1 00

Х

Х

Χ

Χ

248,063

241,694

228,850

196,028

174,401

H Maria Enright

Robert Horowitz

Martin Balogh

Amy Eggert

Chief of Staff

Janae LeFlore

Director

Director

Director

Associate Executive Director

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) (B) (C) (D) (E)

(F)

22,003

| (**) | (-) | | | ٠,- | , | | | (-) | \-/ | ١ ،,, |
|----------------------------------|---------------|-----------------------------------|--|-------|-----------|-------------------|-----|--------------|--------------------------|---------------|
| Name and Title | Average | | | | | chec | | Reportable | Reportable | Estimated |
| | hours per | m | ore t | han | one | box, | | compensation | compensation | amount of |
| | week (list | unle: | ss pe | erso | n ıs | both | an | from the | from related | other |
| | any hours | | offi | cer | and | a | | organization | organizations | compensation |
| | for related | (| direc | tor/t | rus | tee) | | (W- 2/1099- | W- 2/1099- (W- 2/1099- | |
| | organizations | o | | 0 | <u>x</u> | a T | I — | MISC) | MISC) | organization |
| | below | 걸립 | 5 | I¥ | <u>\$</u> | enga High | Fr. | · | | and related |
| | dotted line) | 날 후 | S ‡ | | | Highest employ | n. | | | organizations |
| | , | [왕윤 | Institutional | _ | employee | ₹ \$ | Ţ | | | |
| | | [ជួម | Ch | | [품 | က်ီး <u>ဥ</u> | | | | |
| | | 2 | 3 | | é | ĨŜ | | | | |
| | | Individual trustee or director | Ŧ | | ıb l | Pen | | | | |
| | | ă. | | | | က | | | | |
| | | | 4. | | | 3 | | | | |
| | | | | | | 2 | | | | |
| Lawrence Gill | 50 00 | | | | | | | | | |
| | | | | | | Ιx | | 438,739 | 0 | 33,57: |
| Chief Revenue Officer | 1 00 | | | | | | | , | | · · |
| Barry Curner | 40 00 | | | | | | | | | |
| Burry Currier | | | | | | Ιx | | 346,848 | 0 | 38,736 |
| Managing Director | 1 00 | | | | | | | , | | , |
| Christopher Gloede | 1 00 | | | | | | | | | |
| Cilistopher Gloede | | | | | | Ιx | | 328,283 | 0 | 30,727 |
| Associate Executive Director | 1 00 | | , and the second se | 33,72 | | | | | | |
| | 40 00 | | | | | | | | | |
| Holly Cook | 40 00 | | | | | l _x | | 272 474 | _ | 22.15 |
| Sr Associate Executive Director | | | | | l | ^ | | 273,474 | U | 23,157 |
| Si Abboliate Exceditive Director | 1 00 | | | | | | | | | |

274,968

40 00

1 00

William Adams

Director

DLN: 93493101007147

Employer identification number

36-0723150

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue

Name of the organization

American Bar Association

Service

2

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

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

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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

Section 527 organizations Complete Part I-A only

• Section 501(c)(4), (5), or (6) organizations Complete Part III

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

| 2 | Political expenditures | | | > | \$ |
|-------|---|---|--|--|---|
| 3 | Volunteer hours | | | | |
| Par | t I-B Complete if the or | ganization is exempt under | section 501(| c)(3). | |
| 1 | Enter the amount of any excise | e tax incurred by the organization und | der section 4955 | > | \$ |
| 2 | Enter the amount of any excise | e tax incurred by organization manag | ers under sectioi | n 4955 > | \$ |
| 3 | If the organization incurred a s | ection 4955 tax, did it file Form 472 | O for this year? | | ☐ Yes ☐ No |
| 4a | Was a correction made? | | | | ☐ Yes ☐ No |
| b | If "Yes," describe in Part IV | | | | • |
| Par | t I-C Complete if the or | ganization is exempt under | section 501(| c), except section 50 | 1(c)(3). |
| 1 | Enter the amount directly expe | ended by the filing organization for se | ction 527 exemp | ot function activities 🕨 | \$ |
| 2 | Enter the amount of the filing of exempt function activities | organization's funds contributed to ot | her organizations | for section 527 | \$ |
| 3 | Total exempt function expendi | tures Add lines 1 and 2 Enter here | and on Form 112 | 0-POL, line 17b ► | \$ |
| 4 | Did the filing organization file F | orm 1120-POL for this year? | | | Yes No |
| 5 | organization made payments I amount of political contribution | nd employer identification number (E: For each organization listed, enter thing ns received that were promptly and dipolitical action committee (PAC). If | e amount paid fro irectly delivered | om the filing organization's f to a separate political orga | unds Also enter the nızatıon, such as a |
| | (a) Name | (b) Address | (c) EIN | (d) A mount paid from filing organization's funds If none, enter -0- | (e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
| | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| For F | Paperwork Reduction Act Notice, se | ee the instructions for Form 990 or 990 | - EZ . (| Cat No 50084S Schedule C (| Form 990 or 990-EZ) 2015 |

Grassroots nontaxable amount (enter 25% of line 1f)

Subtract line 1g from line 1a If zero or less, enter -0-

g

| ch | nedule C | (Fo | rm 990 or 990-E2) 2015 | | | Page 2 |
|----|----------|-----------------------|---|------|--|--------------------------------|
| P | art II-/ | 4 | Complete if the organization is exempt under section 501(c)(3) and | file | ed Form 5768 | (election |
| | | | under section 501(h)). | | | |
| ١. | Check | • | If the filing organization belongs to an affiliated group (and list in Part IV each affiliated expenses, and share of excess lobbying expenditures) | gro | up member's nam | e, address, EIN |
| 3 | Check | \blacktriangleright | If the filing organization checked box A and "limited control" provisions apply | | | |
| | | | Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a | Total lo | obb | ring expenditures to influence public opinion (grass roots | | | |
| La | lobbyır | ıg) | | | | |
| | Total lo | obb | ying expenditures to influence a legislative body (direct lobbying) | | | |

Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000

Subtract line 1f from line 1c $\,$ If zero or less, enter -0-If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

| 4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) | | | | | | | | |
|---|--|-----------------|-----------------|---------|-----------------|------------------|--|--|
| Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | |
| | Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c)2014 | (d) 2015 | (e) Total | | |
| 2a | Lobbying nontaxable amount | | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | | | |
| С | Total lobbying expenditures | | | | | | | |
| d | Grassroots nontaxable amount | | | | | | | |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | | |

Return Reference

| r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying | (| a) | | (b) | |
|--|--------------|--------|------|--------|---------|
| tivity | | No | | A moun | ıt |
| During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | Yes | | | | |
| a Volunteers? | | | | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | | | | |
| c Media advertisements? | | | | | |
| d Mailings to members, legislators, or the public? | | | | | |
| e Publications, or published or broadcast statements? | | | | | |
| f Grants to other organizations for lobbying purposes? | | | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | | | | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | | |
| i Other activities? | | | | | |
| j Total Add lines 1c through 1i | | | | | |
| a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | | | |
| art III-A Complete if the organization is exempt under section 501(c)(4), section 5 | 01 (c |)(5), | or s | ectio | n |
| 501(c)(6). | | | | Yes | No |
| . Were substantially all (90% or more) dues received nondeductible by members? | | Г | 1 | 163 | No |
| Did the organization make only in-house lobbying expenditures of \$2,000 or less? | | - | 2 | | No |
| Did the organization agree to carry over lobbying and political expenditures from the prior year? | | - | 3 | | No |
| art III-B Complete if the organization is exempt under section 501(c)(4), section 5 | :01/c | 1(5) | _ | ection | |
| 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes." | No" (| OR (b) | Par | t III- | -А, |
| . Dues, assessments and similar amounts from members | 1 | | | 71,23 | 1,854 |
| Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | | |
| a Current year | 2a | | | 1,21. | 7,538 |
| b Carryover from last year | 2b | | | | |
| c Total | 2c | | | 1,217 | |
| Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | | | 1,780 | 0,796 |
| If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | | | | |
| F - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | 5 | | | -563 | 3,258 |
| | | | | | , |
| · | | ' | | | |

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493101007147

SCHEDULE D

(Form 990)

Department of the

Treasury

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

| Na | ial Revenue Service me of the organization erican Bar Association | | | | oyer identification number | | |
|--------|---|---|---|----------------|---------------------------------|--|--|
| Pa | rt I Organizations Maintaining Donor Complete if the organization answere | | | | or Accounts. | | |
| | complete if the organization answere | (a) Donor advised funds | are iv, line o. | (h) | Funds and other accounts | | |
| 1 | Total number at end of year | (a) Bollot davised latitus | | (5) | rands and other accounts | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor a funds are the organization's property, subject to t | | | nor advis | sed Yes No | | |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | | | | | | |
| Pa | rt III Conservation Easements. Comple | ete if the organization a | nswered "Yes" | on Forn | n 990, Part IV, line 7. | | |
| 1 | Purpose(s) of conservation easements held by th | e organızatıon (check all t | hat apply) | | | | |
| | Preservation of land for public use (e.g., recreeducation) | eation or | Preservation of a | ın histor | ically important land area | | |
| | Protection of natural habitat | <u>'</u> | | | d historic structure | | |
| | Preservation of open space | • | | | | | |
| 2 | Complete lines 2a through 2d if the organization leasement on the last day of the tax year | held a qualified conservati | on contribution in | the form | of a conservation | | |
| | | | | | Held at the End of the Year | | |
| а | Total number of conservation easements | | | 2a | | | |
| b | Total acreage restricted by conservation easeme | | d (-) | 2b | | | |
| c d | Number of conservation easements on a certified Number of conservation easements included in (c historic structure listed in the National Register | | ` ' | 2c 2d | | | |
| 3 | Number of conservation easements modified, tran | nsferred, released, extingu | ıshed, or termınat | ed by th | e organization during the | | |
| | tax year ▶ | | | | | | |
| 4 | Number of states where property subject to conse | ervation easement is locat | ed ▶ | | | | |
| 5 | Does the organization have a written policy regard violations, and enforcement of the conservation e | · . | ıg, ınspection, han | dling of | ┌ Yes | | |
| 6 | Staff and volunteer hours devoted to monitoring, i year | inspecting, handling of viol | ations, and enforc | ing cons | servation easements during the | | |
| | - | | | | | | |
| 7 | A mount of expenses incurred in monitoring, inspe | ecting, handling of violation | is, and enforcing c | onserva | ition easements during the year | | |
| 8 | Does each conservation easement reported on III (B)(I) and section $170(h)(4)(B)(II)$? | ne 2(d) above satisfy the r | equirements of se | ction 17 | 0 (h)(4) Yes No | | |
| 9 | In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea | of the footnote to the orga | | | | | |
| Par | t III Organizations Maintaining Collect Complete if the organization answere | | | or Oth | ner Similar Assets. | | |
| 1a | If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr | FAS 116 (ASC 958), not to assets held for public exh | report in its reve ibition, education, | or resea | arch in furtherance of public | | |
| b | If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to | FAS 116 (ASC 958), to repassets held for public exh | oort in its revenue | stateme | ent and balance sheet | | |
| (| i) Revenue included on Form 990, Part VIII, line 1 | L | | > \$ | | | |
| (i | i) Assets included in Form 990, Part X | | | | | | |
| 2 | If the organization received or held works of art, he following amounts required to be reported under S | | | or financ | | | |

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

| Par | t III | Organizations Maintaining (continued) | Collections of A | Art, Historical | Treasures, or (| Other Similar A | ssets |
|------------|-----------------|--|-------------------------|------------------------------------|----------------------------|---------------------------------|--------------------|
| 3 | | g the organization's acquisition, acc ction items (check all that apply) | cession, and other red | | of the following that | are a significant us | e of its |
| а | | Public exhibition | | d | oan or exchange pro | grams | |
| b | | Scholarly research | | e | ther | | |
| c | | Preservation for future generations | | | | | |
| 4 | Provi Part) | de a description of the organization | n's collections and ex | plain how they fur | ther the organizatio | n's exempt purpose | ın |
| 5 | | g the year, did the organization sol | | | | | |
| Da | asset rt IV | s to be sold to raise funds rather the Escrow and Custodial Arra | | as part of the org | anızatıon's collectio | n? Yes | No No |
| | | Complete if the organization Part X, line 21. | | n Form 990, Pai | rt IV, line 9, or re | ported an amoun | t on Form 990, |
| 1 a | | e organization an agent, trustee, cu ded on Form 990, Part X? | istodian or other intei | rmediary for contr | ibutions or other as: | sets not Yes | s No |
| b | If' | "Yes," explain the arrangement in F | Part XIII and complet | te the following ta | ble | A me | ount |
| c | Be | ginning balance | | | 10 | : | |
| d | A d | ditions during the year | | | 10 | I | |
| e | Dis | stributions during the year | | | 16 | 2 | |
| f | | ding balance | | | 1f | | |
| 2 a | Did th | ne organization include an amount i | on Form 990, Part X, | line 21, for escro | w or custodial accou | unt liability? Yes | i ✓ No |
| b | T. E. 1137 - | II | + VIII - Ch l. h f | *h | | D VIII | П |
| | rt V | es," explain the arrangement in Par Endowment Funds. Compl | | | | | |
| | | Endownient Funds Compi | (a)Current year | (b)Pnor year | b (c)Two years back | (d)Three years back | (e)Four years back |
| 1 a | Begir | nning of year balance | 13,393,971 | 11,926,658 | 10,599,851 | 9,728,735 | 8,837,086 |
| b | Conti | ributions | 498,456 | 1,898,356 | 9,500 | 2,000 | 162,067 |
| c | Net II losse | · · · · · · · · · · · · · · · · · · · | 678,913 | -196,329 | 1,443,145 | 923,250 | 819,572 |
| d | Grant | ts or scholarships | | | | | |
| e | | r expenditures for facilities programs | | | | | |
| f | A dmı | nistrative expenses | 1,004,236 | 234,714 | 125,838 | 54,134 | 89,990 |
| g | End o | of year balance · · · · · | 13,567,104 | 13,393,971 | 11,926,658 | 10,599,851 | 9,728,735 |
| 2 | Provi | de the estimated percentage of the | current year end bal | ance (line 1g, col | umn (a)) held as | | |
| а | Board | d designated or quasi-endowment 🕨 | 28 380 % | | | | |
| b | Perm | anent endowment ► 53 180 % | | | | | |
| c | | orarily restricted endowment 🟲 | 19 000 % | | | | |
| _ | | percentages on lines 2a, 2b, and 2c | • | | | | |
| 3a | | here endowment funds not in the po nization by | ssession of the orga | nization that are f | neld and administere | ed for the | Yes No |
| | (i) un | nrelated organizations | | | | За | |
| | | elated organizations | | | | | (ii) Yes |
| ь 4 | | es" on 3a(II), are the related organi ribe in Part XIII the intended uses | | | | <u>.</u> 3 | b Yes |
| | rt VI | Land, Buildings, and Equi | | endownient idilas | ' | | |
| | | Complete if the organization | | | | | |
| | | Description of property | | (a) Cost or other (ınvestmer | | Accumulated sis (c)depreciation | (d)Book value |
| 1 a | Land | | | | | | |
| b | Buildin | ngs | | | | | |
| c | Leasel | hold improvements | | | 23,955,7 | 730 16,439,226 | 7,516,504 |
| | | nent | | | 47,288,9 | | |
| | Other | | | | , | _,, | ,,- |
| | | lines 1a through 1e (Column (d) mu | | | 293,2 | 244 | 293,244 |

| | See Form 990, Part X, line 12. (a) Description of security or category (polydron pame of security) | ory | (b)Book value | (c)Method of valuation |
|--------------------|---|---|----------------------------|---------------------------------|
| | (including name of security) al derivatives | | | Cost or end-of-year market val |
| (3) O ther | -held equity interests | | | + |
| (A) Financi | al derivatives and other financial products | | | |
| (B) Closely | -held equity interests | | | _ |
| | | | | |
| | | | | |
| | | | | + |
| | | | | |
| | | | | |
| | | | | |
| Total. (Colun | nn (b) must equal Form 990, Part X, col (B) line 12) | • | | |
| Part VIII | | | O Part IV line 11c c. | - 5-w- 000 Park V June 13 |
| | (a) Description of investment | ed Tes OffToffin 55 | (b) Book value | (c) Method of valuation |
| | | | | Cost or end-of-year market val |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Colun | onn (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organiza | ation answered 'Ves' on | Form 990 Part IV line | 11d See Form 990 Part Y June 15 |
| PUILIX | | scription | Troilli 990, Fait IV, line | (b) Book value |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. (Colu | ımn (b) must equal Form 990, Part X, col (B) lın | ne 15) | | • |
| Part X | Other Liabilities. Complete if the o See Form 990, Part X, line 25. | rganızatıon answere | d 'Yes' on Form 990, | Part IV, line 11e or 11f. |
| 1. | (a) Description of liability | (b) Book value | е | |
| Federal inc | ome taxes | | | |
| Federal inc | ome taxes | | | |
| Deferred Re | ent | 19,537 | ,756 | |
| Pension Lia | ability | 55,336 | ,988 | |
| O ther Liabi | lities | 9,090 | ,621 | |
| Due to Rela | ated Parties | 335 | ,219 | |
| Long-term | Debt | 34,000 | ,000 | |
| | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | |
| | | | | |
| Total. (Colun | nn (b) must equal Form 990, Part X, col (B) line 25) | ▶ 118,300 | ,584 | |
| | for uncertain tax positions In Part XIII, pro n's liability for uncertain tax positions under | | | |

Schedule D (Form 990) 2015

1

2

information

V 4

Return Reference

146,606,901

| oo, Part VIII, line 12, but rolling luded on Form 990, Part V decorated the second se | III, line 7b n 990, Part I I Financia On Form 9 ents X, line 25 | | 12) . I teme Part IV | nts Wit , line 12 | th Expense | 2e 3 4c 5 es per Re | -2,619,712 149,226,613 149,226,613 Eturn. |
|--|--|---|---|---|--|---|---|
| O, Part VIII, line 12, but related on Form 990, Part V decorated the second of the se | III, line 7b n 990, Part I I Financia On Form 9 ents X, line 25 | | 4b | nts Wit , line 12 | th Expense | 3 4c 5 es per Re | 149,226,613 149,226,613 |
| on, Part VIII, line 12, but in luded on Form 990, Part V dec. (This must equal Form spenses per Audited in answered 'Yes' and ted financial statement in the facilities | III, line 7b n 990, Part I I Financia On Form 9 ents X, line 25 | | 4b | nts Wit , line 12 | th Expense | 4c 5 es per Re | 149,226,613 E turn. |
| luded on Form 990, Part V | III, line 7b n 990, Part I I Financia On Form 9 ents X, line 25 | | 4b | nts Wit , line 12 | th Expense | 5 es per Re | turn. |
| d 4c.(This must equal Form xpenses per Audited nization answered 'Yes' audited financial statement not on Form 990, Part I) | n 990, Part I I Financia I on Form 9 ents . X, line 25 | | 4b | nts Wit , line 12 | th Expense | 5 es per Re | turn. |
| d 4c.(This must equal Form xpenses per Audited nization answered 'Yes' audited financial statement not on Form 990, Part IX facilities | 990, Part I I Financia On Form 9 ents X, line 25 | , line I l Sta 990, F | | nts Wit , line 12 | th Expense | 5 es per Re | turn. |
| d 4c.(This must equal Form xpenses per Audited nization answered 'Yes' er audited financial statement not on Form 990, Part IX facilities | n 990, Part I Financia On Form 9 ents X, line 25 | , line i l Sta 990, F | 12) . iteme Part IV | nts Wit , line 12 | th Expense | 5 es per Re | turn. |
| xpenses per Auditeonization answered 'Yes' audited financial statement not on Form 990, Part IX | I Financia on Form 9 ents X, line 25 | 990, F | Part IV | nts Wit , line 12 | th Expense | es per Re | turn. |
| nization answered 'Yes' er audited financial stateme ut not on Form 990, Part I) facilities | on Form 9 ents X, line 25 | 990, F | art IV | ', line 12 | | · | |
| ut not on Form 990, Part I) Tacılıtıes | X, line 25 | i | 2a | | | 1 | 160,702,023 |
| acılıtıes | | | | | | | |
| | | | | | | _ | |
| | | | 2h | | | _ | |
| | | | | | | | |
| | | | 2 c | | | 7 | |
|) | | | 2d | | 1,119,923 | 3 | |
| | | | | | | 2e | 1,119,923 |
| | | | | | | 3 | 159,582,100 |
| 0, Part IX, line 25, but not | t on line 1: | | | | | | |
| luded on Form 990, Part V | III, line 7b | | 4a | | | | |
|) | | | 4b | | | 7 | |
| | | | | | | 4c | |
| nd 4c. (This must equal Fo | rm 990, Par | t I, lın | ie 18) | | | 5 | 159,582,100 |
|) | o, Part IX, line 25, but no uded on Form 990, Part V o, o | O, Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b | O, Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b | O, Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b 4a 4b | 0, Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b 4a 4b 4b 4b 4c. (This must equal Form 990, Part I, line 18) | 0, Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b 4a | 3 0, Part IX, line 25, but not on line 1: uded on Form 990, Part VIII, line 7b 4a |

Explanation

funding for ABA programs

The endowment funds are held by a tax-exempt related organization, ABA Fund for Justice and Education FJE ABA uses the proceeds from the endownment to provide a predictable stream of

2a

2b

2c

-2,619,712

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . .

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII)

Additional Data

Software ID: 15000290 Software Version: 15.3.0.0

EIN: 36-0723150

Name: American Bar Association

| Supplemental Imolination | | | |
|--------------------------|--|--|--------|
| Return Reference | | | Explan |
| | | | |

Supplemental Information nation V 4

The endowment funds are held by a tax-exempt related organization, ABA Fund for Justice an d Education FJE ABA uses the proceeds from the endownment to provide a predictable stream of funding for ABA programs

| Supplemental Information | | | | | | | |
|--------------------------|--|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | | |
| X 2 | The ABA and FJE are qualified under the US Internal Revenue Code Code as tax-exempt organi zations or, in the case of FJE, as a tax-exempt fund, and are exempt from tax on income re lated to their tax-exempt purposes under Section 501a of the Code The ABA is exempt from income tax as an association described in Section 501c6 of the Code FJE is exempt under Section 501c3 | | | | | | |

| Supplemental Information | | | | | | |
|--------------------------|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | |
| | FJE and other organizations do not have any material unrelated business income Accordingly, no provision for income taxes has been made in the consolidated financial statements for the fiscal years ended August 31, 2016 and 2015 | | | | | |

| Supplemental Information | | | | | | |
|--------------------------|--|--|--|--|--|--|
| Return Reference | Explanation | | | | | |
| | There are no amounts of interest and penalties associated with the tax matters that are re cognized in the ABAs consolidated financial statements for the fiscal years ended August 3 1, 2016 and 2015 | | | | | |

-

| Supplemental Information | |
|--------------------------|-------------|
| Return Reference | Explanation |
| WIT D. I | |

Pension allocation for a related organization in the amount of 1,119,923

efile GRAPHIC print - DO NOT PROCESS As Filed Data Schedule I
(Form 990)

Grants and C
Governments
Complete if the organize

Department of the
Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493101007147

2015

Open to Public Inspection

| Name of the organization | | | | | | Employer identification | on number |
|--|-----------------------|-------------------------------|------------------------------|---|---|--|---------------------------------------|
| American Bar Association | | | | | | 36-0723150 | |
| Part I General Informatio | n on Grants an | d Assistance | | | | • | |
| Does the organization maintain the selection criteria used to aw Describe in Part IV the organization | ard the grants or as | ssistance? | | | | tance, and | √ Yes No |
| Part III Grants and Other Assistation that received more than s | | | | plete if the organization | answered "Yes" on F | orm 990, Part IV, line 21 | , for any recipient |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | + | - | | | | | |
| | + | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 50 |)1(c)(3) and goverr | ment organizations lis | ted in the line 1 table . | | | | 45 |
| 3 Enter total number of other orga | nızatıons lısted ın t | he line 1 table . . | | | | • | |

Grant recipients typically are selected in consultation with the funding agency

Schedule I (Form 990) 2015

Part I Line 2

Part I Line 2

| (a)Type of grant or assistar | nce (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance | | |
|------------------------------|---|--------------------------|-----------------------------------|--|---------------------------------------|--|--|
| (1) Scholarships/A wards | 92 | 169,472 | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| Part IV Supplemental I | Information. Provide the infor | mation required in Pa | art I, line 2, Part III, | column (b), and any other | addıtıonal ınformatıon. | | |
| Return Reference | Explanation | | | | | | |
| Part I Line 2 | The ABA has recipient monitoring procedures in place to ensure adequate control of funds that are awarded. These procedures include the review of | | | | | | |

| | | | | , | 1 | |
|---|---|--|--|---|---|--|
| | | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. | | | | | | |
| Return Reference | Explanation | | | | | |
| | The ABA has recipient monitoring procedures in place to ensure adequate control of funds that are awarded. These procedures include the review of grantee financial and narrative reports, periodic on-site monitoring of grantee programs and financial operation, review of cash management procedures to minimize the cash on hand by recipients, and the review and appropriate follow-up on recipient audits including any deficiencies noted. | | | | | |

The majority of the scholarships are paid directly to the colleges and universities that the award winners are attending. The remaining awards are paid

as stipends to under-represented law students pursuing unpaid clerkships with judges. The stipends for clerkships are taxable to the grantee

Schedule I (Form 990) 2015

Additional Data

Software ID: 15000290 **Software Version:** 15.3.0.0

EIN: 36-0723150

Name: American Bar Association

| Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|----------------|-------------------------------|------------------------------|---|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| National Assn of Criminal Defense Lawyers 1660 L St NW 12th Fl Washington, DC 20036 | 74-1916260 | 501c3 | 250,000 | | | | |
| University of Minnesota Foundation 200 Oak St SE Minneapolis, MN 55455 | 41-6042488 | 501c3 | 77,545 | | | | |
| Oklahoma Indian Legal Services Inc 4200 Perimeter Center Drive | 73-1142462 | 115 state agency | 71,276 | | | | |

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) 23-2823744 501c3 64,016 Philadelphia Legal Assistance Center Inc 718 Arch St Philadelphia PA 19106 60,000

33,945

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| - I Illiadcipilla, i A 15100 | | | |
|---|------------|-------|--|
| University of South Carolina 701 S Main Street Columbia, SC 29208 | 57-6001153 | 501c3 | |
| Northwestern University | 36-2167817 | 501c3 | |

School of Law 357 East Chicago Chicago, IL 60611

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) 52-1557807 501c3 32,350 Community Tax Aid Inc 218 D St SF Washington, DC 20003 Neighborhood Christian Legal 35-1916572 501c3 28.436 Clinic 3333 N Meridian St

20,106

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

115 state agency

Indianapolis, IN 46208
Legal Aid Society of San

Diego Inc 110 S Euclid Ave San Diego, CA 92114 95-1869806

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) AIPLEF 54-2019670 501c3 17,500 241 18th Street South Arlington, VA 22241

| Uniform Law Commission (ULC) 111 North Wabash Avenue Chicago,1L 60602 | 36-3761561 | 501c3 | 41,250 | | |
|--|------------|-------|--------|--|--|
| Catholic Charities of Dallas | 75-2745221 | 501c3 | 8,655 | | |

Inc

9461 LBJ Freeway Dallas, TX 75243

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable cash (book, FMV, appraisal, non-cash assistance orassistance grant or government assistance other) Arizona Attorney General 86-6004791 6,000 115 state agency Ofce 1275 W Washington St

| Phoenix,AZ 85007 | | | | | |
|---|------------|------------------|-------|--|--|
| Attorney General of Texas 300 W 15th Street Austin,TX 787011649 | 74-6000057 | 115 state agency | 6,000 | | |
| Commonwealth of | 04-6002284 | 115 state agency | 6,000 | | |

Massachusetts

One Asburton Place 18th Fl Boston, MA 021081698

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Commonwealth of Virginia Ofc 54-6001703 115 state agency 6,000 of Atty Genl 900 East Main Street STE 6056 Richmond, VA 23219

| Commonwelath of Kentucky Office of the Atty General 700 Capitol Ave Frankfort, KY 40601 | 61-0600439 | 115 state agency | 6,000 | | |
|--|------------|------------------|-------|--|--|
| Connecticut Dept of | 61-1615965 | 115 state agency | 6,000 | | |

Consumer Protection 165 Capitol Avenue Hartford, CT 06106

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applicable arant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Department of Justice PR 66-0506252 115 state agency 6.000 Apartado 9020192 San Juan, PR 009020192 Georgia Department of Law 58-6002010 6.000 115 state agency 2 Martin Luther King Jr Dr SE

6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

115 state agency

Ste 3

Atlanta, GA 30334

1305 E Walnut St Des Moines, IA 50319

Iowa Attorney General Office

42-6004503

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Mississippi Attorney General 64-6000740 6,000 115 state agency Office P O Box 22947 1ackson MS 30225

| Jackson, MS 39223 | | | | | |
|--|------------|------------------|-------|--|--|
| Montana Attorney General Office 215 N Sanders Helena,MT 59620 | 81-0302402 | 115 state agency | 6,000 | | |
| Nebraska Department of | 47-0491233 | 115 state agency | 6,000 | | |

Justice

2115 State Capitol Lincoln, NE 68509

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or aovernment assistance other) Office of the Attorney General 62-6001445 6.000 115 state agency Tennessee 425 Fifth Avenue North Nashville, TN 372433400 Office of the Attorney General 59-3749349 115 state agency 6,000 Dept of Legal Affairs PL-01 The Capitol Tallahassee, FL 323991050 Office of the Utah Attorney 87-6000545 6,000 115 state agency General

160 East 300 South Salt Lake City, UT 841140811

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Oregon Department Of 93-6001740 115 state agency 6,000 Justice 1515 SW 5th Ave

| Portland, OR 97201 | | | | | |
|---|------------|------------------|-------|--|---|
| Pennsylvania Office of Attorney General 15th Floor Harrisburg,PA 17120 | 23-2160277 | 115 state agency | 6,000 | | |
| State of Alabama Office of the | 63-6000619 | 115 state agency | 6.000 | | 1 |

Attorney General 501 Washington Avenue Montgomery, AL 361300152

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) State of Arkansas Office of 71-6007391 115 state agency 6,000 the Attorney General 323 Center Street Little Rock, AR 72201

| Electe Rock,/IR / 2201 | | | | | 1 |
|--|------------|------------------|-------|--|---|
| State of Delaware 820 North French Street Wilmington, DE 19801 | 51-6000279 | 115 state agency | 6,000 | | |
| State of Hawaii Dept | 99-0319357 | 115 state agency | 6,000 | | |

Commerce and Consumer Aff 235 S Bertania St Rm 801 Honolulu, HI 968132419

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable cash (book, FMV, appraisal, non-cash assistance orassistance grant or aovernment assistance other) State of Indiana Office of the 35-6000158 6,000 115 state agency Attorney General 302 W Washington St Indianapolis, IN 46204 State of Kansas Attorney 48-1124839 115 state agency 6,000 General 120 SW 10th Avenue Topeka, KS 66612

6,000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

115 state agency

State of Maryland Office of the

Attorney General 200 St Paul Place Baltimore, MD 21202 52-6002033

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) State of Michigan Dept of 38-6000134 6,000 115 state agency Attorney General 525 W Ottawa St Lancing MT 48033

| Lalising, MI 48933 | | | | | 1 |
|--|------------|------------------|-------|--|---|
| State of Nevada Office of Attorney General 555 E Washington 3900 Las Vegas,NV 89101 | 88-6000022 | 115 state agency | 6,000 | | |
| State of New Hampshire | 02-6000618 | 115 state agency | 6,000 | | |

Department of Justice 33

Concord, NH 03301

Capitol St

(a) Name and address of **(b)** EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) State of New Jersey Offc of 21-6000928 6,000 115 state agency Atty General P O Box 45029 Newark, NJ 07101

| State of Ohio 30 East Broad Street 15th Floor Columbus,OH 432153400 | 31-1334820 | 115 state agency | 6,000 | | |
|--|------------|------------------|-------|--|--|
| State of South Dakota | 46-6000364 | 115 state agency | 6,000 | | |

1302 East Highway 14 Suite

Pierre, SD 575018502

(a) Name and address of (b) EIN (c) IRC section (d) A mount of cash (e) A mount of non- (f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance orassistance or government assistance other) Washington State Attorney 91-6001060 6,000 115 state agency General 800 5th Avenue Ste 2000 Seattle, WA 98104

| West Virginia Attorney General Office 1900 Kanawha Boulevard E E-26 Charloston, WV, 25305 | 55-6000749 | 115 state agency | 6,000 | | |
|---|------------|------------------|-------|--|--|
| Charleston, WV 25305 | | | | | |
| Wisconsin Department of | 39-6006427 | 115 state agency | 6,000 | | |

17 W Main Street Madison, WI 53702

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Justice

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

(Form 990)

DLN: 93493101007147 OMB No 1545-0047

2015

Compensation Information Schedule J

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

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization

Employer identification number

| AIII | rican dai Association | | 36-0723150 | | | |
|------------|--|----------|--|----|------|------|
| Pa | rt I Questions Regarding Compensation | | • | | | |
| | | | | | Yes | No |
| 1 a | Check the appropriate box(es) if the organization proving 990, Part VII, Section A, line 1a Complete Part III to | | | | | |
| | ▼ First-class or charter travel | | Housing allowance or residence for personal use | | | |
| | ▼ Travel for companions | | Payments for business use of personal residence | | | |
| | Tax idemnification and gross-up payments | | Health or social club dues or initiation fees | ļ | | ļ |
| | Discretionary spending account | | Personal services (e g , maid, chauffeur, chef) | | | |
| b | If any of the boxes in line 1a are checked, did the organism termbursement or provision of all of the expenses described in the expense described in the expenses described in the expense described in the expenses described in the expenses described in the expenses described in the expenses described in the expense described in the expenses described in the expense described in | | | 1b | Yes | |
| 2 | Did the organization require substantiation prior to rei directors, trustees, officers, including the CEO/Execu- | | | 2 | Yes | |
| 3 | Indicate which, if any, of the following the filing organiz organization's CEO/Executive Director Check all that used by a related organization to establish compensat | t apply | Do not check any boxes for methods | | | |
| | ▼ Compensation committee | ~ | Written employment contract | | | |
| | Independent compensation consultant | ~ | Compensation survey or study | | | |
| | Form 990 of other organizations | ▽ | Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed on Form 990, Pa or a related organization | art VII | , Section A, line 1a with respect to the filing organization | | | |
| а | Receive a severance payment or change-of-control pa | yment | 7 | 4a | | Νo |
| b | Participate in, or receive payment from, a supplementa | al nonc | qualified retirement plan? | 4b | | Νo |
| c | Participate in, or receive payment from, an equity-bas | ed con | npensation arrangement? | 4c | | Νo |
| | If "Yes" to any of lines 4a-c, list the persons and prov | ride the | e applicable amounts for each item in Part III | | | |
| 5 | Only 501(c)(3), 501(c)(4), and 501(c)(29) organization for persons listed on Form 990, Part VII, Section A, I compensation contingent on the revenues of | | - | | | |
| а | The organization? | | | 5a | | |
| b | Any related organization? If "Yes," on line 5a or 5b, describe in Part III | | | 5b | | |
| 6 | For persons listed on Form 990, Part VII, Section A, I compensation contingent on the net earnings of | line 1a | , did the organization pay or accrue any | | | |
| а | The organization? | | | 6a | | |
| b | Any related organization? | | | 6b | | |
| | If "Yes," on line 6a or 6b, describe in Part III | | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," described in lines 5 and 6. If "Yes," described in lines 6. If "Yes," | | , , | 7 | | |
| 8 | Were any amounts reported on Form 990, Part VII, pa subject to the initial contract exception described in R in Part III | | · | 8 | | |
| 9 | If "Yes" on line 8, did the organization also follow the isection 53 $4958-6(c)$? | rebutta | able presumption procedure described in Regulations | 9 | | |

| ruge z | | | | | | | | | | |
|---|--|--------------------|----------------|----------------------|---------------------|--|--|--|--|--|
| Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. | | | | | | | | | | |
| For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) 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 | | | | | | | | | | |
| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in | | | | | |

| (A) Name and Title | (B) Breakdown o | f W-2 and/or 1099-MIS | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation in |
|--------------------|-----------------------|-----------------------|------------------|--------------------|------------------------|----------------------|----------------------|
| | - | (ii) | (ıiı) | other deferred | benefits | (B)(ı)-(D) | column(B) reported |
| | Base (1) compensation | Bonus & incentive | Other reportable | compensation | | | as deferred on prior |
| | (i) compensation | compensation | compensation | | | | Form 990 |

Schedule 1 (Form 990) 2015

See Additional Data Table

Schedule J (Form 990) 2015

Page 2

| Return Reference | Explanation |
|--|---|
| Provide the information, explanation, or | descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information |
| Part IIII Supplemental Inform | nation |
| Schedule J (Form 990) 2015 | Page 3 |

Schedule J (Form 990) 2015

 Software ID:
 15000290

 Software Version:
 15.3.0.0

 EIN:
 36-0723150

Name: American Bar Association

| Form 990, Schedule J, P | art | II - Officers, Direc | ctors, Trustees, K | ey Employees, an | d Highest Compen | sated Employee: | S | |
|--|-----|---|---|--|--|-----------------------------------|------------------------------------|--|
| (A) Name and Title | | (B) Breakdown of (i) Base Compensation | W-2 and/or 1099-MIS (ii) Bonus & Incentive compensation | C compensation (iii) Other reportable compensation | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| 1Jack L Rives Executive Director and Chief Operating Officer | (1) | 1,227,690 | · | 420 | 21,323 | 1,134 | 1,250,567 | |
| 1Lawrence Gill Chief Revenue Officer | (1) | 438,649 | | 90 | 18,310 | 15,262 | 472,311 | |
| 2 Jansse Sanborn Associate Executive Director, General Counsel | (1) | 393,547 | | 693 | 21,211 | 1,134 | 416,585 | |
| 3 William Phelan Sr Associate Executive Director and CFO | (1) | 372,985 | | 302 | 21,349 | 28,690 | 423,326 | |
| 4Thomas M Susman Associate Executive Director | (1) | 376,284 | | 987 | 17,212 | 3,000 | 397,483 | |
| 5 Barry Curner Managing Director | (1) | 346,671 | | 177 | 20,025 | 18,711 | 385,584 | |
| 6 Christopher Gloede Associate Executive Director | (1) | 328,033 | | 250 | 21,117 | 9,931 | 359,331 | |
| 7 Alpha BradyDirector | (1) | 274,364 | | 231 | 6,376 | 8,977 | 289,948 | |
| 8 Holly Cook Sr Associate Executive Director | (1) | | | 200 | 18,917 | 6,980 | 299,371 | |
| 9 William AdamsDirector | (1) | | | 208 | 5,735 | 17,518 | 298,221 | |
| 10Valena J Stokes Sr Associate Executive Director Chief Human Resources Officer | (1) | 258,237 | | 865 | 18,647 | 18,818 | 296,567 | |
| 11Carol Stevens Associate Executive Director | (1) | 259,195 | | 186 | 18,059 | 17,340 | 294,780 | |
| 12 H Maria Enright Associate Executive Director | (1) | 247,871 | | 192 | 3,770 | 17,665 | 269,498 | |
| 13Robert HorowitzDirector | (1) | 241,579 | | 115 | 5,619 | 2,140 | 249,453 | |
| 14Martin BaloghDirector | (1) | 228,686 | | 164 | 4,758 | 23,362 | 256,970 | |
| 15Amy EggertChief of Staff | (1) | 195,881 | | 147 | 4,190 | 17,649 | 217,867 | |
| 16Janae LeFloreDirector | (1) | 174,268 | | 133 | 13,172 | 8,817 | 196,390 | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

DLN: 93493101007147 OMB No 1545-0047

2015

| Department of the Treasury Internal Revenue Se | | Information a | | | | 90-EZ.) and its instru | ıctions | is at | | Ope Ir | n to Pu specti | ublic on |
|--|---|--|---|------------------------------|------------------------------|----------------------------|--------------------|--------|-------------------------------------|-----------|-----------------------|-------------|
| Name of the or American Bar Asso | ganization | | | | | | Er | nploye | r identi | fication | number | • |
| | ciación | | | | | | 36 | 5-072 | 3150 | | | |
| | ess Benefit Tr plete if the organi | | | | | | | | | | 40b | |
| | ne of disqualified | | | | | fied person an | | | cription | | (d) Corr | ected? |
| _ ` ` ` | ' | | | • | ganızatıon | ' | | • | saction | | Yes | No |
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| 4958 . 3 Enter the a | amount of tax incl amount of tax, if a | iny, on line 2, | above, reir | nbursed by tl | | | | | section \$ \$ | | | |
| C o org | mplete if the orga janization reporte | nnization ansv d an amount | vered "Yes' on Form 99 | on Form 99 0, Part X, lin | e 5, 6, or 22 | | orm 99 | 0, Par | 1 | | _ | |
| (a) Name of interested person | (b) Relationship with organization | Purpose of o | (d) Loan t or from th organizatio | e | (e)Original principal amount | (f)Balance due | (g) In default? | | (h) Approved by board or committee? | | (i)Written agreement? | |
| | | | То | From | | | Yes | No | Yes | No | Yes | No |
| | | | | | | | | | | | + | |
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| Total Part III Gra | ants or Assist | ► \$ | fiting In | tarastad E | Parsons | | | | | | | |
| | mplete if the or | | | | | rt IV, line 27 | | | | | | |
| (a) Name of i | | Relationshij erested perso organizat | on and the | (c) A mount | of assistance | e (d) Type | ofassı | stance | e (e) | Purpos | e of ass | ıstance |
| | | | | | | | | | | | | |
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Schedule L (Form 990 or 990-EZ) 2015

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (d) Description of transaction (e) Sharing (a) Name of interested person (b) Relationship (c) A mount of between interested transaction of person and the organization's organization revenues? Yes No (1) Julianna Theberge Employee 48,808 Employee compensation Nο (2) Ingrid Stokes Employee 50,228 Employee compensation Νo Part V

Officer, Valeria Stokes, a key employee of the organization

Officer, Valeria Stokes, a key employee of the organization

Explanation

Ingrid Stokes is the daughter-in-law of the Sr. Associate Executive Director Chief Human Resources

Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Juliana Theberge is the daughter of the Sr Associate Executive Director Chief Human Resources

Part IV Line 1

Part IV Line 2

2015 Open to Public

Inspection

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization American Bar Association

Department of the

Internal Revenue

990-EZ)

Treasury

Service

Employer identification number 36-0723150

| Return Reference | Explanation |
|-----------------------------------|---|
| Form 990, Part III, Line 4a | The ABA provides law yers unparalleled opportunities for professional grow th and service through numerous groups dedicated to specific areas of law. The Association currently has 21 Sections, which range in size from about 3,600 members to more than 51,000 7 divisions and 6 forums. All of these groups draw their membership from law yers, judges, academics, law students and associate members with common interests. Sections include the following legal areas Administrative Law and Regulatory Practice Antitrust Law. Business Law. Criminal Justice Dispute Resolution Environment, Energy and Resources Family Law. Health Law. Civil Rights and Social Justice Intellectual Property Law. International Law. Labor and Employment Law. Legal. Education Litigation Public Contract Law. Infrastructure and Regulated Industries. Real Property, Trust and Estate Law. Science and Technology. Law. State and Local Government Law. Taxation Tort, Trial and Insurance Practice. Divisions include Government and Public Sector Law yers. Judicial Law. Practice. Law. Student Senior. Law yers. Solo, Small Firm and General Practice. Young. Law. Yers. Forums explore new areas of developing law such as Affordable Housing and Community Development. Law., Air and Space. Law., Communications. Law., Construction. Law., Entertainment and Sports Industries. Law and Franchising. Sections, Divisions and Forums within the ABA provide members myriad opportunities for professional development, leadership development, networking, pro bono contributions, and education within their owin particular field of interest and expertise. Sections and Divisions also contribute to policy-making on issues of importance to both law yers and the public. Sections originate many of the recommendations that become the ABAs policy positions and act as checks and balances on recommendations of other entities. Through the work of these groups, the ABA benefits the public through improvement of both the profession and the legal system. |

| Return Reference | Explanation |
|--------------------------------|---|
| Form 990, Part III, Line 4b | By ensuring the continuing education and professional development of the nations law yers, the ABA contributes to a strong system of justice and professionalism as well as the protection of clients, the public, and the courts |

| Return Reference | Explanation |
|---------------------|---|
| 4c | The ABA also publishes both print and electronic versions of the ABA Journal, which is provided free to approximately 400,000 members, as well as to numerous libraries interested in legal topics. The ABA also published more than 250 books and eBooks that were sold or distributed to more than 85,000 customers. These books offered guidance and counsel in every legal discipline and every aspect of a legal career. Many of these excellent books would not have been published by a commercial publisher because their revenue potential is not great enough for a commercial model. However, these publications are of great value to the profession, providing vital information to keep law yers up to date on developments in the law. Thus, ABA publications serve clients, the public and courts by improving the education and professionalism of the nations law yers. Because the ABAs mission is to serve the profession, many disciplines and authors are able to publish vital and timely information that would not otherwise be available to the profession. |

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section A, Line 6 | The members of the Nominating Committee of the House of Delegates nominate the members of the Board of Governors, the elective offices of the Association, President, President Elect, Secretary, Treasurer, and Chair of the House of Delegates Members who register for the annual meeting elect six members of the House of Delegates. The House elects the Board of Governors, the Chair of the House and the officers Members may nominate officers and governors by presenting a nominating petition to the Nominating Committee with the number of member signatures specified in the bylaws for each elected position. Members may initiate a referendum to change or initiate ABA policy by filing a petition with the requisite number of signatures. The House, by majority vote, can direct a referendum on a question relating to the substance of the law, the administration of justice or the policy of the Association. In either case, the majority of members casting a ballot determine the result. All members may attend the meetings of the House of Delegates and may submit a resolution with report for consideration by the House. |

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section A, Line 7a | The ABA House of Delegates elects the Board of Governors, the officers, and the Chair of the House. The House is designed to be representative of the legal profession in the United States. Members of the Association who register for the annual meeting elect six delegates-at-large. ABA members of each state elect state delegates ABA members who belong to state and qualifying local Bar Associations also elect delegates, the number being dependent upon the number of ABA members and law yers in the respective state or local association. Association members of ABA sections, divisions and eligible judicial conferences elect section/division delegates. Each section has a minimum of two delegates, with additional delegates dependent upon the number of members in each section. The U.S. Virgin Islands Bar Association, Guam, the Commonw ealth of the Northern Mariana Islands and American Somoa elect a delegate. State, local and territorial bar associations elect delegates according to their own rules. For purposes of election to the Board, the House is grouped into eighteen geographical districts. Governors serve staggered three year terms the House elects approximately one-third of the Board, and the President-Elect at each annual meeting. The Board of Governors consists of one member from each of the 18 geographical districts, six section members-at-large, one law student member-at-large, one young law yer member-at-large, and four Goal III members-at-large. Form 990, Part VI, Section A, Line 7a The President, Chair of the House, President-Elect, Immediate Past President, Secretary and Treasurer of the ABA are ex-officio members of the Board of Governors, and every third year the Treasurer-Elect and Secretary-Elect also are Board of Governors, and every third year the Treasurer-Elect and Secretary-Elect also are included in the Board of Governors. The House elects the Chair of the House for a two-year term in even-numbered years every third year the House elects a Treasurer and Secretary a year in advance for three year |

| Return Reference | Explanation |
|---------------------|---|
| Section B, Line 11b | Prior to filing the return with the IRS, it is reviewed by the organizations management and subject to review by the Audit Committee. The final Form 990 is shared on a secure website with all members of the Board prior to filing the return with the IRS, sufficiently in advance of the due date to allow Board members the opportunity to raise questions or concerns, if any |

| Return Reference | Explanation |
|---------------------|---|
| | Each Board member received the Conflict of Interest COI questionnaire this year. All responses were reviewed by the Accounting team at the ABA. If a Board member discloses a conflict, the Board member must recuse themselves from any |
| 12c | matter involving the disclosed conflict, and the recusal is noted in the minutes. Additionally, staff assigned to the Board of Governors distribute COI forms to Board members prior to each Board meeting and collect the completed COI forms. |

| Return Reference | Explanation |
|-------------------------|--|
| Form 990, Part IX, Line | Other Employee Benefits increased due to a Pension Settlement Loss amount to retirees who elected a lump sum |
| 9a | pension payment |

| Return Reference | Explanation | |
|--------------------|--|---|
| Form 990, Part XI, | Investment Income 4,252,506 Pension Changes 4,459,950, Realized Gain on Sale of Investment 4,427,028, Pension Plan | l |
| Line 9 | Allocation 1,119,924 | ı |

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493101007147OMB No 1545-0047

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public

Department of the Treasury
Internal Revenue Service

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

| Internal Revenue Service | Inspection |
|---|--------------------------------|
| Name of the organization American Bar Association | Employer identification number |
| | 36-0723150 |
| | |

| | (b) | (c) | (d) Total income End | (e) | (f) Direct controlling | | |
|---|---|---|----------------------------|---|----------------------------------|--------------------|--------------------------------------|
| Name, address, and EIN (if applicable) of disregarded entity | Primary activity | Legal domicile (state or foreign country) | Total income Enc | l-of-year assets | entity | | |
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| Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during | nizations Complete if t g the tax year. | he organization an | swered "Yes" on I | Form 990, Part | t IV, line 34 becaus | e it had or | ıе |
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity sta (if section 501(c) | atus Direct controlli entity | ing Section (13) (| (g) on 512(controll ntity? |
| L)ABA Fund for Justice & Education | Public Service | IL IL | 501c3 | 11-Type I | | Yes | No No |
| 1 N Clark Street | | | | 12.17,753 | N/A | | |
| hicago, IL 60654 6-6110299 | | | | | ľ | | |
| 2) American Bar Endowment 21 N Clark Street | Grants | IL | 501c3 | 7 | N/A | | No |
| hicago, IL 60654 6-2384321 | | | | | | | |
| 3) American Bar Foundation '50 N Lake Shore Drive | Research | IL | 501c3 | 7 | | | No |
| 30 N Lake Shore Drive | | | | | | | |
| chicago, IL 60611 | | | | | N/A | | |
| Chicago, IL 60611 6-6110271 4)National Judicial College udicial College Building MS 358 | Education | NV | 501c3 | 2 | | | No |
| hicago, IL 60611 5-6110271 1) National Judicial College Idicial College Building MS 358 eno, NV 89557 | Education | NV | 501c3 | 2 | N/A | | No |
| hicago, IL 60611 6-6110271 4)National Judicial College udicial College Building MS 358 eno, NV 89557 4-2427596 5)The World Justice Project | Education Public Service | NV DC | 501c3 | 7 | N/A | | No. |
| hicago, IL 60611 6-6110271 4) National Judicial College | | | | 7 | | | |
| hicago, IL 60611 6-6110271 4)National Judicial College udicial College Building MS 358 eno, NV 89557 4-2427596 5)The World Justice Project 40 15th Street NW Vashington, DC 20005 | | | | 7 | N/A | | |

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) | (c) | (d) | (e) | (f) | (g) Share of | (h |) | (i) | Ú |) | (k) |
|---|------------------|-----------------------|-----------------------|-----------------------------|--------------|-----------------|---------|----------|------------------------|-------|--------|------------|
| Name, address, and EIN of | Primary activity | | Direct | Predominant | Share of | Share of | Disprop | rtionate | Code V-UBI | Gener | ral or | Percentage |
| related organization | | domicile (state or | controlling entity | income(related, | total income | | alloca | tions? | amount in box 20 of | mana | iging | ownership |
| | | foreign | enuty | unrelated, excluded from | | assets | | | Schedule K-1 | parti | ier / | |
| | | country) | | tax under | | | | | (Form 1065) | | | |
| | | , | | sections 512- | | | | | (| | | |
| | | | | 514) | | | | | | | | |
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total Income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|---|--------------------------------|--|-------------------------------------|---|---------------------------------|---|---------------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1)ABA Retirement Funds 321 N Clark St Chicago, IL 60654 36-2550367 | Benefit Plans | IL | ABA | C Corp | | | | Yes | |
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| Part V | Transactions With | h Related Organizations (| Complete if the organization a | nswered "Yes" on Form 990. | Part IV. line 34, 35b, or 36. |
|--------|-------------------|---------------------------|--------------------------------|----------------------------|-------------------------------|

| | Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule | | | | | Yes | No |
|-------------|--|-----------------------------------|----------------------------|---------------------------------------|------------|-----|----|
| 1 D | During the tax year, did the orgranization engage in any of the following transactions with one or r | more related o | organizations listed in Pa | arts II-IV? | | | |
| а | a Receipt of (i) interest, (ii)annuities, (iii)royalties, or(iv)rent from a controlled entity | | | | 1a | | No |
| b | b Gıft, grant, or capıtal contribution to related organization(s) | | | | 1 b | | No |
| c | c Gift, grant, or capital contribution from related organization(s) | | | | 1 c | | No |
| d | d Loans or loan guarantees to or for related organization(s) | | | | 1d | | No |
| е | e Loans or loan guarantees by related organization(s) | | | | 1e | | No |
| f | f Dividends from related organization(s) | | | | 1f | | No |
| g | g Sale of assets to related organization(s) | | | | 1 g | | No |
| h | h Purchase of assets from related organization(s) | | | | 1h | | No |
| i | i Exchange of assets with related organization(s) | | | | 1i | | No |
| j | j Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | No |
| k | k Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | No |
| 1 | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | No |
| m | m Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | No |
| | n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | | No |
| | Sharing of paid employees with related organization(s) | | | | 10 | | No |
| | p Reimbursement paid to related organization(s) for expenses | | | | 1p | Yes | |
| | | | | | 1q | | |
| q | q Reimbursement paid by related organization(s) for expenses | | | | 1 | 163 | |
| r | r Other transfer of cash or property to related organization(s) | | | | 1r | | No |
| | s Other transfer of cash or property from related organization(s) | | | | 1 s | | No |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must co | mplete this li | ne, including covered rel | ationships and transaction thresholds | ; | | |
| | Name of related organization Trans | (b) saction e (a-s) | (c) Amount involved | (d) Method of determining amount | nvolve | d | |
| 1) A | ABA Retirement Funds q | • | 1,039,000 | | | | |

| Name of related organization | Transaction type (a-s) | Amount involved | Method of determining amount involved |
|-------------------------------------|---------------------------|-----------------|---------------------------------------|
| (1)ABA Retirement Funds | q | 1,039,000 | |
| (2)American Bar Endowment | q | 289,000 | |
| (3)National Judicial College | q | 70,000 | |
| (4)American Bar Foundation | q | 109,000 | |
| (5)American Bar Insurance | q | 91,000 | |
| (6)ABA Fund for Justice & Education | р | 7,158,493 | |

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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

| revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships | | | | | | | | | | | | | |
|--|-------------------------|---|--|-----|--|------------------------------------|--|--------------------------------------|----|---|---|-----|--------------------------------|
| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | org | (e) all partners section (01(c)(3) anizations? | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtiona allocations? | | (1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (J) General or managing partner? | | (k) Percentage ownership |
| | | | 314) | Yes | No | | | Yes | No | | Yes | No | |
| | | | | | | | | | | | | 1 1 | |
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Additional Data

American Bar Foundation

American Bar Insurance

ABA Fund for Justice & Education

(3)

(4)

(5)

Software ID: 15000290
Software Version: 15.3.0.0

Form 990 Schodulo P. Dart V. Transactions With Polated Organizations

EIN: 36-0723150

Name: American Bar Association

| FOLIII | 990, Schedule R, Part V - Transactions with Related Organizations | | | |
|--------|---|---------------------------------|-------------------------|--|
| | (a) Name of related organization | (b) Transaction type(a-s) | (c) A mount Involved | (d) Method of determining amount involved |
| (1) | ABA Retirement Funds | q | 1,039,000 | |
| (1) | American Bar Endowment | q | 289,000 | |
| (2) | National Judicial College | q | 70,000 | |

109,000

91,000

7,158,493

q

q