**Return of Organization Exempt From Income Tax** 

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

•		0000 I I I I I I I I I I I I I I I I I	3170 21 2022	•
_		-	AUG 31, 2023	
В	Check if applicable	C Name of organization	D Employer identific	cation number
	Addres			
	change Name	AMERICAN BAR FOUNDATION	26 61100	m 4
	change		36-61102	
	return	· · · · · · · · · · · · · · · · · · ·	uite E Telephone numbe	
	Final return/ termin-	750 N. LAKE SHORE DRIVE 4TH	FL (312)988	
	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	10,771,173.
	Ameno	CHICAGO, IL 00011	H(a) Is this a group re	
	Application pending	F Name and address of principal officer: MAKK SOCHMAN	for subordinates	? Yes X No
	<u> </u>	SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
1	Tax-exe		527 If "No," attach a	list. See instructions
	Websit		H(c) Group exemptio	
			ear of formation: $1952$	<b>1</b> State of legal domicile; ${ t IL}$
P	art I	Summary		
4	1	Briefly describe the organization's mission or most significant activities: ${ t TO  ext{ }  ext{EXPAN}}$	D KNOWLEDGE AI	ND ADVANCE
ü		JUSTICE THROUGH INNOVATIVE, INTERDISCIPLINARY	, AND RIGOROU	S RESEARCH
Governance	2	Check this box if the organization discontinued its operations or disposed of m	ore than 25% of its net ass	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
		Number of independent voting members of the governing body (Part VI, line 1b)		23
ος ()	5 5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		68
iŧie	6	Total number of volunteers (estimate if necessary)		100
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.
٩	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	7,431,210.	7,222,135.
one.	9	Program service revenue (Part VIII, line 2g)	60,132.	58,339.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,051,765.	1,524,267.
ä	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,543,107.	8,804,741.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	773,151.	455,838.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,652,018.	5,111,885.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Jen C	l loa	Total fundraising expenses (Part IX, column (D), line 25) 717, 518.		
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,486,650.	2,542,075.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,911,819.	
		Revenue less expenses. Subtract line 18 from line 12	631,288.	694,943.
		nevertue less expenses. Subtract line 10 from line 12	Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	34,564,445.	39,551,778.
\sse	20		1,050,366.	4,910,271.
let/	21	Total liabilities (Part X, line 26)	33,514,079.	34,641,507.
<u></u>	∄ 22 art II	Net assets or fund balances. Subtract line 21 from line 20	33,314,073.	J=,0=1,J07•
		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	amente and to the heet of my	knowledge and helief it is
		ties of perjury, i deciale that i have examined this return, including accompanying schedules and start, and complete. Declaration of preparer (other than officer) is based on all information of which preparer.		Kilowieuge allu bellei, it is
tiuc	5, 001160	t, and complete. Decid attorn of preparer (other than officer) is based on an information of which preparer	arer rias arry knowledge.	
<b>.</b>		Signature of officer	I Date	
Sig		MARK SUCHMAN, EXECUTIVE DIRECTOR	Duto	6/17/2024
He	re	Type or print name and title		
			Date Check	PTIN
D-'		Print/Type preparer's name Preparer's signature	i.f	
Pai		LU ANN TRAPP LU ANN TRAPP	05/31/24 self-employ	
	parer	Firm's name PLANTE & MORAN, PLLC	Firm's EIN 3	8-1357951
USE	Only	Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR		10\ 207 1040
		CHICAGO, IL 60606	Phone no. (3	12) 207-1040
Ма	y the IF	S discuss this return with the preparer shown above? See instructions		X Yes No

Pai	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE AMERICAN BAR FOUNDATION (ABF) SEEKS TO EXPAND KNOWLEDGE AND	
	ADVANCE JUSTICE THROUGH INNOVATIVE, INTERDISCIPLINARY, AND RIGOROUS	
	RESEARCH ON LAW, LEGAL PROCESSES, AND LEGAL INSTITUTIONS. TO FURTHER	
	THIS MISSION THE ABF PRODUCES TIMELY, CUTTING-EDGE RESEARCH OF THE	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 3 , 764 , 938 • including grants of \$ 285 , 838 • ) (Revenue \$	
44	THE RESEARCH PROGRAM	
	THE RESEARCH PROGRAM	
	DECEMBAL MARK IN DECARRED TO CURRENMIN COMPRISED OF 26 DECEMBEIN	
	RESEARCH WORK IN PROGRESS IS CURRENTLY COMPRISED OF 36 PROJECTS IN	
	THREE BROAD CATEGORIES OF INQUIRY: I) LEARNING AND PRACTICING LAW, II)	
	PROTECTING RIGHTS, ACCESSING JUSTICE, AND III) MAKING AND IMPLEMENTING	
	LAW. A NUMBER OF FOUNDATION RESEARCH FACULTY ARE RECIPIENTS OF NATIONAL	
	AND INTERNATIONAL AWARDS FOR THEIR PROFESSIONAL CONTRIBUTIONS. THE	
	FOUNDATION'S RESEARCH AND ITS DISSEMINATION IS DESIGNED TO FURTHER THE	
	FOUNDATION'S OVERALL OBJECTIVE OF SCHOLARLY PREEMINENCE IN THE STUDY OF	,
	LAW, LEGAL INSTITUTIONS, AND THE LEGAL PROFESSION. TO THIS END,	
	RESEARCH PROJECTS ARE SUBJECT TO REVIEW BY AN INTERNAL RESEARCH	
	COMMITTEE, AN EXTERNAL GROUP OF DISTINGUISHED AND INDEPENDENT SCHOLARS,	
4b	(Code: ) (Expenses \$ 525,135 • including grants of \$ ) (Revenue \$	,
	FELLOWS OF THE AMERICAN BAR FOUNDATION	_
	MEMBERS OF THE PRACTICING BENCH, BAR, AND LEGAL ACADEMY ARE INVITED TO	
	PARTICIPATE IN THE AFFAIRS OF THE ORGANIZATION THROUGH NOMINATION AS	
	FELLOWS OF THE FOUNDATION.	
	THE TOOK OF THE TO	
4c	(Code:) (Expenses \$801,583. including grants of \$170,000. ) (Revenue \$	}
	ACADEMIC AFFAIRS AND FELLOWSHIPS	
	THE FOUNDATION OFFERS A SERIES OF ANNUAL RESIDENCE FELLOWSHIPS TO	
	STUDENTS OF HIGH SCHOLARLY ACHIEVEMENT. THESE FELLOWSHIPS ARE AWARDED	
	TO POSTDOCTORAL AND DOCTORAL CANDIDATES AND UNDERGRADUATE STUDENTS ON A	
	MERIT BASIS. SELECTION IS MADE BY RESEARCH AND PROFESSIONAL FOUNDATION	
	STAFF UNDER THE SUPERVISION OF THE DIRECTOR.	
	DIMI ONDER THE BOLDROLD OF THE BIRDOLORY	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 122,874. including grants of \$ ) (Revenue \$ 58,339.)	
4e	Total program service expenses 5, 214, 530.	

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# Form 990 (2022) AMERICAN BAR FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		<del></del>
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12u		
D	·	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Pid the approximation projection on the state of the Heiland Obstace	14a	Х	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148	21	$\vdash$
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4 41:	Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		$\vdash$
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	l		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
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	X	

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Part IV	Checklist of Required Schedules	(continued)
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	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	l		37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			Х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\overline{}$
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?   f	28a		х
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	<del></del>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	l	37	
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	<sub> </sub> 30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	Silestin Sellisadio o containo a response or note to any into in thier are v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 45		.03	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2022) AMERICAN BAR FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	i (continued)			
0-	Fatantha annahan of annalances nagastad as Fama W.C. Transmittel of Wass and Tay Claterasets		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 68			
<b>L</b>		2b	Х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		-25
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	44		21
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		Х
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-50		
oa		6a		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

AMERICAN BAR FOUNDATION 36-6110271 Page 6 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 25 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 23 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, FL, GA, HI, IL, KS, KY, MA, MD Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Another's website \_\_\_ Other (explain on Schedule O) Own website Describe on 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 SJAR TONEY, CFO - (312)988-6500

SEE SCHEDULE O FOR FULL LIST OF

CHICAGO

232006 12-13-22

750 N LAKE SHORE DRIVE, 4TH FLOOR,

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	I		((	<u> </u>	ipon	our	(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
Name and the	hours per					than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire	, n			ted		organization	(W-2/1099-MISC/	from the
	related	stee c	ruste		_	ensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru:	onal t		oloye	comi		1099-NEC)		and related
	below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) AJAY K. MEHROTRA	35.00	드	드	JO.	ᢌ	포등	Fo			
DIRECTOR	0.00			х				254,716.	0.	49,291.
(2) SHARI DIAMOND	17.00							,	-	- ,
RESEARCHER	0.00					Х		208,263.	0.	38,498.
(3) ELIZABETH MERTZ	35.00									
RESEARCHER	0.00					Х		179,749.	0.	28,911.
(4) SUSAN SHAPIRO	35.00									
RESEARCHER	0.00					X		159,174.	0.	21,211.
(5) MATTHEW BURNETT	35.00	<u> </u>								
SENIOR PROGRAM OFFICER	0.00					X		138,406.	0.	30,995.
(6) BRYANT GARTH	35.00									
INTERIM DIRECTOR(THRU 8/31/23)	0.00			Х				133,196.	0.	11,698.
(7) JANICE NADLER	17.00	1							_	
RESEARCHER	0.00					X		118,919.	0.	11,856.
(8) DEBORAH ENIX-ROSS	1.00	]						_		_
EX-OFFICIO	20.00	Х						0.	50,000.	0.
(9) MARY SMITH	1.00	1								_
EX-OFFICIO	40.00	Х						0.	50,000.	0.
(10) MARK SUCHMAN	40.00	1							_	
INTERIM DIRECTOR(STARTING 8/9/23)	0.00			Х				0.	0.	0.
(11) JIMMY K. GOODMAN	3.00	1							_	_
PRESIDENT	0.00	Х		Х				0.	0.	0.
(12) SANDRA J. CHAN	3.00	ļ								
VICE-PRESIDENT	0.00	Х		Х				0.	0.	0.
(13) MICHAEL H. BYOWITZ	3.00	ļ							_	
SECRETARY	0.00	Х		Х				0.	0.	0.
(14) LAUREN ROBEL	3.00	l								
TREASURER	0.00	Х		Х				0.	0.	0.
(15) PAULA E. BOGGS	1.00	ļ							•	•
MEMBER	0.00	X	_					0.	0.	0.
(16) JENNIFER CHACON	1.00	٠,,							_	•
MEMBER (15) TO ANNUAL PROPERTY AND DESCRIPTION OF THE PROPERTY	0.00	X	_		_			0.	0.	0.
(17) JO ANN ENGELHARDT	1.00	٠,							_	•
MEMBER	1.00	X		<u> </u>				0.	0.	990 (2022)

232007 12-13-22

Part VII   Section A. Officers, Directors, Trus	(B)	J.C.	000,		C)	gnoc		(D)	(E)			(F)	
Name and title	Average			Pos	itior			Reportable	Reportable	<b>-</b>	l Fs	timate	he
raine and the	hours per					than		compensation	compensation			nount	
	week					or/trus		from	from relate		l	other	
	(list any	director						the	organizatior	าร	com	pensa	tion
	hours for	or dire	۰.			ted		organization	(W-2/1099-MI		fr	om th	е
	related	trustee or	truste			bensa		(W-2/1099-MISC/	1099-NEC	)		anizat	
	organizations below	ual tru	ional		ploye	t com		1099-NEC)			l	d relat	
	line)	Individual 1	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	0115
(18) ROBERT J. GREY, JR.	1.00	_	<del>  -</del>			1							
MEMBER	0.00	Х						0.		0.			0.
(19) HON. SOPHIA H. HALL	1.00												
MEMBER	0.00	Х						0.		0.			0.
(20) ELLEN M. JAKOVIC	1.00												
MEMBER	0.00	Х						0.		0.			0.
(21) SHAYDA ZAERPOOR LE	1.00												
MEMBER	6.00	Х						0.		0.			0.
(22) J. ANTHONY PATTERSON, JR.	1.00												
MEMBER	0.00	Х	_			_		0.		0.			0.
(23) HAROLD D. POPE	2.00												
MEMBER	0.00	Х						0.		0.	<u> </u>		0.
(24) DANIEL B. RODRIGUEZ	1.00									_			_
MEMBER	0.00	X						0.		0.	<u> </u>		0.
(25) HON. DIANE P. WOOD	1.00	J											_
MEMBER	0.00	X	_			_		0.		0.			0.
(26) LAURA V. FARBER	1.00									_			_
EX-OFFICIO	0.00	Х						0.	100 0	0.	10		<u>0.</u>
1b Subtotal								1,192,423.	100,0		19	2,4	
c Total from continuation sheets to Part VI								0.	100 0	0.	10	<u> </u>	0.
d Total (add lines 1b and 1c)								1,192,423.	100,0		19.	2,4	60.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	,000 of reportabl	е			1 2
compensation from the organization											$\overline{}$	Yes	13 No
O Did the consciention list on forman officer	alia.a.b.a								la			162	NO
3 Did the organization list any <b>former</b> officer	•	-	•	•	•		•		loyee on				Х
line 1a? If "Yes," complete Schedule J for s									ho organization		3		Λ
4 For any individual listed on line 1a, is the su											4	Х	
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											-	21	
rendered to the organization? If "Yes." con	•				•			•			5		Х
Section B. Independent Contractors	ipiete Scrieduii	<del>-</del> J I	OI SI	<u>ich</u>	oers	OH							
Complete this table for your five highest co	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of com	pensa	tion fro	m	
the organization. Report compensation for	•	•							·	•			
(A)								(B)			(C	;)	
Name and business	address	N	INC	Ξ				Description of s	services	C	Comper	nsatio	n
-													
							- 1			i			

\$100,000 of compensation from the organization 0
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 AMERICAN	BAR FOU	ND	ľΑ	,TO	N				36-611	0271
Part VII   Section A. Officers, Directors, Trus	stees, Key En	nplo	yee	s, aı	nd F	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(cl		Pos	ition that		lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ORLANDO LUCERO	1.00	Х						0.	0.	0.
EX-OFFICIO		Λ						0.	0.	0.
(28) DARRELL G. MOTTLEY EX-OFFICIO	2.00	х						0.	0.	0.
(29) FRANK X. NEUNER	1.00									
EX-OFFICIO	0.00	X						0.	0.	0.
(30) HARI OSOFSKY EX-OFFICIO	1.00	Х						0.	0.	0.
(31) KEVIN L. SHEPHERD	1.00	Λ						0.	0.	0.
EX-OFFICIO	20.00	Х						0.	0.	0.
(32) PALMER G. VANCE II	1.00									
EX-OFFICIO	0.00	Х						0.	0.	0.
(33) HOWARD VOGEL	1.00								_	
EX-OFFICIO	0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

			Check if Schedule O c	ontai	ns a res	nonse	or note to any lin	e in this Part VIII			
			Officer if Schedule O C	Offical	113 a 163	porise	or note to any iin	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
						1					Sections 512 - 514
nts nts			Federated campaigns								
iz a			Membership dues			<u> </u>	1,749,760.				
s, C		С	Fundraising events		10	:					
äĤ		d	Related organizations		10	1					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contril	butio	ns) <b>1</b> 6	,	591,350.				
i Si		f	All other contributions, gifts, g	rants	, and						
but			similar amounts not included	above	11		4,881,025.				
ÖĘ		g	Noncash contributions included in li			\$	711.				
Son		h	Total. Add lines 1a-1f					7,222,135.			
<u> </u>							Business Code	, ,			
	2	2	PUBLICATION REVENUE				900099	58,339.	58,339.		
je	_	_									
er, ne		b									
m S		C									
ar Be		d									
Program Service Revenue		e									
₾			All other program service r								
		g	Total. Add lines 2a-2f					58,339.			
	3		Investment income (includi								
			other similar amounts)					1,397,068.			1397068.
	4		Income from investment of	tax-e	exempt	bond p	roceeds				
	5		Royalties								
				L	(i) R	eal	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
			Net rental income or (loss)								
			Gross amount from sales of		(i) Secu	ırities	(ii) Other				
			assets other than inventory	7a	2,093	,631.					
		h	Less: cost or other basis		•						
ō		~		7b	1,966	432.					
ı ı		_	Gain or (loss)	70		,199.					
Revenue			Net gain or (loss)					127,199.			127,199.
her B			Gross income from fundraisin								
Oth	0	а	including \$	-	-	.					
٥			contributions reported on I								
						0.					
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from f				I				
	9	а	Gross income from gaming								
			Part IV, line 19								
			Less: direct expenses								
		С	Net income or (loss) from g	jamin	ng activi	ies					
	10	а	Gross sales of inventory, le	ess re	eturns						
			and allowances			. 10a					
		b	Less: cost of goods sold			10b					
		С	Net income or (loss) from s	ales	of inven	tory					
							Business Code				
onie	11	а									
ane Duc		b									
e e		С									
Miscellaneous Revenue		d	All other revenue								
_			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					8,804,741.	58,339.	0.	1524267.

Form **990** (2022) 232009 12-13-22

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
_	Check if Schedule O contains a respons	se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	120,838.	120,838.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	335,000.	335,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	473,720.	31,610.	442,110.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,692,196.	2,572,818.	708,109.	411,269.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	329,586.	223,922.	70,178.	35,486.
9	Other employee benefits	319,445.	224,169.	58,629.	36,647
10	Payroll taxes	296,938.	185,906.	78,924.	32,108.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	15,996.		15,996.	
С	Accounting	43,140.		43,140.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	65,972.		65,972.	
g					
J	column (A), amount, list line 11g expenses on Sch 0.)	418,066.	263,103.	154,088.	875.
12	Advertising and promotion	·		,	
13	Office expenses	97,372.	62,826.	15,532.	19,014.
14	Information technology	113,457.	66,464.	25,039.	21,954.
15	Royalties	,	,	,	•
16	Occupancy	909,380.	541,709.	319,749.	47,922.
17	Travel	256,810.	195,382.	55,772.	5,656.
18	Payments of travel or entertainment expenses	, ,	,	,	- <b>,</b>
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	298,917.	241,867.	36,903.	20,147.
20	Interest	== 3 , 2 = 7 4	===,,,,,,,,	,	,,
21	Payments to affiliates	5,529.		5,529.	
22	Depreciation, depletion, and amortization	31,937.	23,633.	6,068.	2,236.
23	Insurance	46,886.	=3,0330	46,886.	_,
23 24	Other expenses. Itemize expenses not covered	10,000.		20,000.	
£7	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DD TAMETAGO AND DUDI TOAMTO	105,941.	16,228.	9,332.	80,381.
b	BANK FEES	63,113.	59,944.	3,094.	75.
C		00,110.	32,244	5,054	, 5 (
d					
	All other expenses	69,559.	49,111.	16,700.	3,748.
	Total functional expenses. Add lines 1 through 24e	8,109,798.	5,214,530.	2,177,750.	717,518
25		0,100,190.	J, 414, JJU •	4,11,130.	, 1 , , , , , , , , ,
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 following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022

Form 990 (2022)

Part X | Balance Sheet

Paı	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,779,000.	1	1,494,774.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			4,028,285.	3	3,933,010.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			62,109.	9	91,269.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,132,185.			
	b		97,109.		76,501. 30,139,209.		
	11	Investments - publicly traded securities		28,578,442.	11	30,139,209.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	10.500	14	2 24 5 24 5		
	15	Other assets. See Part IV, line 11	19,500.	15	3,817,015.		
	16	Total assets. Add lines 1 through 15 (must equ			34,564,445.	16	39,551,778.
	17	Accounts payable and accrued expenses		472,139.	17	340,708.	
	18	Grants payable	261 626	18	452 226		
	19	Deferred revenue		261,626.	19	453,336.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
jįį		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line of Schedule D			316,601.	25	4,116,227.
	26				1,050,366.	25 26	4,910,271.
	20	Organizations that follow FASB ASC 958, che			2/000/0001	20	1,520,2720
es		and complete lines 27, 28, 32, and 33.	JOIN 1101 0				
anc	27	• , , ,			20,703,196.	27	21,634,563.
3ala	28				12,810,883.	28	13,006,944.
ρ		Organizations that do not follow FASB ASC 9					,
Fu		and complete lines 29 through 33.	<b>,</b>				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				33,514,079.	32	34,641,507.
~	33				34,564,445.	33	39,551,778.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			4,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,		9,7	
3	Revenue less expenses. Subtract line 2 from line 1	3		69	4,9	<u>43.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,	51	4,0	79.
5	Net unrealized gains (losses) on investments	5		432	2,4	85.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	34,	64	1,5	07.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u> .	3b		
				Form	990	(2022)

232012 12-13-22

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022 Open to Public

Inspection

Employer identification number

			ICAN BAR FO					6-61102/1	
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
Γhe	organ	ization is not a private found	ation because it is: (I	or lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative				(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	<b>n 170(b)(1)(A)(iii).</b> Enter	the hospital's name,	
		city, and state:	•						
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C		•	·	, ,			
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					oublic described in	
		section 170(b)(1)(A)(vi). (C		man pant of no capport in	o a go		arms or morn and gonerar		
8		A community trust describe		1)(A)(vi). (Complete Part	: II )				
9	Ħ	An agricultural research org			•	ed in coniu	nction with a land-grant	college	
Ū		or university or a non-land-g				-	-	-	
		university:	rant concess or agno			idino, ony	, and state of the semege	, 01	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sunn	ort from c	ontribution	s membershin fees and	d aross receints from	_
10	ш	activities related to its exem	*				· ·	•	
		income and unrelated busin		·				-	
		See section 509(a)(2). (Cor		(less section of reak) no	iii busiiles	sses acquii	ed by the organization a	arter durie 30, 1973.	
11		An organization organized a	•	volv to tost for public sat	inty Son	caction FC	)O(a)(A)		
12	H	An organization organized a	-	•	•			nurnosos of one or	
12		more publicly supported or	-	· · ·	-		•		
		lines 12a through 12d that	~					SHECK THE BOX OH	
_		¬ ~ ~					, ,	aivina	
а			•	•	•	_			
		the supported organization		• • • •	majority o	i trie direc	tors or trustees or the st	apporting	
		organization. You must o			: : 11 - : 1		al augusticus(a) laur la au		
b		☐ <b>Type II.</b> A supporting org	•					-	
		control or management o			ame perso	ns that cor	ntroi or manage the supp	σοπεα	
_		organization(s). You mus			:	.:			
С		☐ Type III functionally inte	=				· · ·	ea with,	
		its supported organization		·					
d		☐ Type III non-functionally	•						
		that is not functionally int	-	* .	-			veness	
		requirement (see instructi	•	-					
е		Check this box if the orga					Type I, Type II, Type III		
_		functionally integrated, or							—
Т		er the number of supported o							—
g		vide the following information (i) Name of supported	i about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga		(v) Amount of monetary	(vi) Amount of other	_
	,	organization	(,	(described on lines 1-10	in your governi <b>Yes</b>	ng document?	support (see instructions)	support (see instruction	
				above (see instructions))	163	140			
									_
									—

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9984673.	6345421.	8309483.	7431210.	7222135.	39292922.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	9984673.	6345421.	8309483.	7431210.	7222135.	39292922.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1336956.
6	Public support. Subtract line 5 from line 4.						37955966.
	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	9984673.	6345421.	8309483.	7431210.	7222135.	39292922.
	Gross income from interest,	22020700		00002000	, 101110	,	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	780,152.	542,941.	874 627.	1081379.	1397068.	4676167.
0	Net income from unrelated business	700,132.	342,341.	014,021	1001373.	1337000.	40701071
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						43969089.
	<b>Total support.</b> Add lines 7 through 10	-1- /	1				292,596.
	Gross receipts from related activities,	•	,			12	292,390.
13	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			
Sec	organization, check this box and stop etion C. Computation of Publi						L
	Public support percentage for 2022 (li			volumo (fl)		14	86.32 %
						15	88.50 %
	Public support percentage from 2021 33 1/3% support test - 2022. If the control of the control o						
10a		-					
<b>L</b>	stop here. The organization qualifies		-		line 15 in 22 1/20/		
D	33 1/3% support test - 2021. If the condition and step here. The expenientian quality						
47-	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			-		_	
	meets the facts-and-circumstances te	-	•	• • •	-	7 1: 4F i	
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n ala not check a b	box on line 13, 16a	a, 160, 17a, or 17b	, cneck this box ar		(Form 990) 2022

## Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

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# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
Г	1		
	2		
	_		
	3a		
-	3b		
Н	3c		
	4 -		
	4a		
	4b		
	710		
	4c		
	5a		
L	5b		
L	5c		
	6		
L	7		
L	8		
L	9a		
	9b		
	90		
	9c		
	10a		
	10b		
ıla A	\ /Earr	n aan)	2022

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Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
S-04	supported organizations played in this regard.	3		
Seci	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	1-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities.	Za		
IJ	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3h below.	20		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Sa		
IJ	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or to supported organizations. If Test describe in the trainer followed by the organization in this redaid.	, 55		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

e Excess from 2022

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

AMERICAN BAR FOUNDATION

**Employer identification number** 36-6110271

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.  (a) Donor advised funds	(b) Funds and other accounts
	Takel assessed as and of season	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	eed funds
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
			I I
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	•	
•	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	coment is located	
5	Does the organization have a written policy regarding the per		
Ŭ	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	ents that describes the
Dos	organization's accounting for conservation easements.	i Aut Historiaal Trassures or Of	thay Cimilay Assats
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub	, ,	'
h	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	exhibition, education, or research in full	lerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		J , F
а	Revenue included on Form 990, Part VIII, line 1	· ·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

Par	rt III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Sir	nilar Ass	sets (conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signific	cant use of	its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt p	urpose in F	Part XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	ures, or other simil	ar asse	ets			
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?			Yes		No
Par	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes" o	n Forn	n 990, Part	IV, line 9, or	•	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets no	t inclu	ded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a				_				
					L		Amour	nt	
С	Beginning balance				L	1c			
d	Additions during the year				L	1d			
	Distributions during the year					1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on Fo				oility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.								]
Pai	rt V Endowment Funds. Complete it	the organization an	swered "Yes" on Fo	rm 990, Part IV, line	e 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) T	hree years b	ack (e) Fou	r years	back
1a	Beginning of year balance	28,611,679.	31,290,551.	26,979,838	. :	24,770,2	83. 24	,805,	291.
b	Contributions	48,500.	53,897.	302,886		219,1	00.	13,	251.
	Net investment earnings, gains, and losses	1,890,780.	-2,314,361.	4,879,801		2,385,6	70.	619,	341.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	1,448,115.	418,408.	871,974		395,2	15.	667,	600.
f	Administrative expenses								
g		29,102,844.	28,611,679.	31,290,551		26,979,8	38. 24	,770,	283.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	69.0000	_%						
b	Permanent endowment 16.0000	%							
С	Term endowment15.0000 g	%							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered for	the				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		_X_
	(ii) Related organizations								_X_
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered	I "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line	10.			
	Description of property	(a) Cost or o		, ,	Accun depreci	nulated ation	( <b>d)</b> Boo	k value	€
1a	Land								
	Buildings								
	Leasehold improvements		93	5,907.	935	,907.			0.
	Equipment		85	0,750.	774	,249.	7	6,50	<u> 1.</u>
	Other		34	5,528.	345	,528.			0.
	II. Add lines 1a through 1e. (Column (d) must ed		X. column (B), line 10	Oc.)			7	6,50	)1.

Schedule D (Form 990) 2022

	FOUNDATION	30	- 61102/1 Page 3
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1) Financial derivatives	(b) Book value	(e) meaned of valuation, cost of one	or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Table (Cal. (b) must equal Form 000. Part V. cal. (D) line 12.)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description		(b) Book value
(1) BENEFICIAL INTEREST IN TRU	·		18,500.
(2) RIGHT OF USE ASSET			3,798,515.
(3)			- , ,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		3,817,015.
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO AFFILIATES			57,681.
(3) CAPITAL LEASE OBLIGATION			15,207.
(4) LEASE LIABILITY			4,043,339.
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			A 116 227
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide t			4,116,227.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022

Par	t XI Reconciliation of Revenue per Audited Financial Staten		h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1:	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,706,054.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments			_	
b	Donated services and use of facilities		14,059.	_	
С	Recoveries of prior year grants		111 501	_	
d	Other (Describe in Part XIII.)	2d	411,521.		
е	Add lines 2a through 2d			2e	425,580.
3	Subtract line 2e from line 1			3	7,280,474.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b		4 504 065	_	
b	Other (Describe in Part XIII.)	4b	1,524,267.		1 504 065
С	Add lines 4a and 4b			4c	1,524,267. 8,804,741.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)  † XII   Reconciliation of Expenses per Audited Financial State			5	8,804,741.
Pa			tn Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	8,057,885.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	14,059.	_	
b	Prior year adjustments	2b		_	
С	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	14,059. 8,043,826.
3	Subtract line 2e from line 1			3	8,043,826.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,972.	_	
b	Other (Describe in Part XIII.)	4b			4- 4-4
С	Add lines 4a and 4b			4c	65,972.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,109,798.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part >	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional info	ormation.		
D 7 T	NT 17 T TATE 4.				
PAI	RT V, LINE 4:				
mitt	E EOINDAMION'S ENDOUMENMS CONSIGM OF INDI			T T 01	IED EOD A
THE	FOUNDATION'S ENDOWMENTS CONSIST OF INDI	VIDUAL	FUNDS ESTAB	ТТРІ	1ED FOR A
777 T	TEMV OF DUDDOCEC MURCE FUNDS INCLUDE MU		OUTNO.		
IAV	RIETY OF PURPOSES. THESE FUNDS INCLUDE TH	E FOLL	JWING:		
mitt	TITE AND DEMED MOCED DECEADOR BUND IN LE	03T DM	TTOC DDODDC	CTO	.T
THE	E LIZ AND PETER MOSER RESEARCH FUND IN LEG	JAL ET	HICS, PROFES	STO	NAL
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KE:	SPONSIBILITY, AND ACCESS TO LEGAL SERVICE:	5.			
БОП	AND TOUGH MUDOUGU & CHMEDOUG CIEM EDOM LI	7 3370	DEMED MOCED	7 3 7 7	) TN
ES.	ABLISHED THROUGH A GENEROUS GIFT FROM LI	Z AND .	PETER MOSER,	ANI	) IN
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PK(	PESSIONALISM, THIS FUND SUPPORTS THE AME	KICAN .	BAK FOUNDATI	OM .	<u> </u>
EITT»	IDAMENMAI EMDIDICAI DECEADOU IN MUE ETELO	с Оп т	פראד השנידפר	חחי	
rUl	IDAMENTAL EMPIRICAL RESEARCH IN THE FIELD	o Uf L.	EGAL ETHICS,	PK(	OL EDD TONAT
DEG	DONGTOTITMY AND ACCEDS NO LEGAL GERVICES				
KE?	SPONSIBILITY AND ACCESS TO LEGAL SERVICES	•			

WM. REECE SMITH, JR. RESEARCH FUND.

SUPPORT FOR THE WM. REECE SMITH, JR. RESEARCH FUND RECOGNIZES THE ENORMOUS

CONTRIBUTIONS REECE SMITH HAS MADE TO THE PRACTICE OF LAW AND LEGAL

SCHOLARSHIP, PARTICULARLY IN THE FIELDS OF PROFESSIONAL ETHICS, PRO BONO

LEGAL SERVICES, AND INTERNATIONAL EFFORTS TO SECURE HUMAN RIGHTS AND THE

RULE OF LAW. THE FUND WILL ADVANCE THE FOUNDATION'S NOTABLE RESEARCH IN

THESE VITAL AREAS.

KENNETH F. AND HARLE G. MONTGOMERY SUMMER FELLOWSHIP PROGRAM FOR MINORITY
UNDERGRADUATE STUDENTS

THIS FUND WAS ESTABLISHED IN 1999 WITH A GIFT FROM THE KENNETH F. AND

HARLE G. MONTGOMERY FOUNDATION. THE FUND SUPPORTS THE ABF'S SUMMER

INTERNSHIP FOR MINORITY UNDERGRADUATE STUDENTS.

SOLON E. SUMMERFIELD FOUNDATION FUND

THIS FUND WAS ESTABLISHED WITH YEARLY GIFTS FROM THE SOLON E. SUMMERFIELD FOUNDATION TO ESTABLISH A CAPITAL FUND FOR THE SUPPORT OF THE ABF'S SUMMER INTERNSHIP FOR MINORITY UNDERGRADUATE STUDENTS.

SUMMER RESEARCH DIVERSITY FELLOWSHIP PROGRAM FUND

SUPPORTS THE ABF'S SUMMER RESEARCH DIVERSITY FELLOWSHIP FOR UNDERGRADUATE STUDENTS.

SAMUEL POOL WEAVER FUND

Schedule D (Form 990) 2022

100319 1

THIS FUND WAS ESTABLISHED WITH A GIFT FROM SAMUEL WEAVER IN 1974. IT

ORIGINALLY FUNDED AN ESSAY PROGRAM. IN 1986, THE ABF TERMINATED THE ESSAY

CONTEST AND DESIGNATED THE FUNDS TO "..RECOGNIZE, ENCOURAGE AND SUPPORT

SUPERIOR SCHOLARSHIP IN THE FIELD OF CONSTITUTIONAL LAW.."

MACCRATE RESEARCH CHAIR IN THE LEGAL PROFESSION

THIS FUND WAS ESTABLISHED THROUGH A GIFT FROM ROBERT AND CONNIE MACCRATE.

THE FUND IS USED SOLELY TO SUPPORT THE SALARY AND RESEARCH EXPENSES OF THE

ABF PROFESSOR DESIGNATED BY THE DIRECTOR OF THE ABF WITH THE ADVICE OF THE

BOARD OF DIRECTORS TO HOLD THE MACCRATE RESEARCH CHAIR IN THE LEGAL

PROFESSION.

CONTRIBUTORS' MEMORIAL FUND I

THIS FUND IS THE PRIMARY FUND FOR ALL UNRESTRICTED, UNDESIGNATED

CONTRIBUTIONS TO THE FOUNDATION.

CONTRIBUTORS' MEMORIAL FUND II

THIS FUND IS COMPRISED OF PROCEEDS FROM THE SALE OF DONATED ASSETS IN THE FORM OF REAL ESTATE DONATED TO THE FOUNDATION IN 1985.

SUSTAIN THE VISION.

THIS FUND IS COMPRISED OF CONTRIBUTIONS FROM A 1999 CAPITAL CAMPAIGN TO FURTHER THE MISSION OF THE ORGANIZATION.

Schedule D (Form 990) 2022

100319 1

MAYNARD TOLL

THIS FUND WAS CREATED IN 1981 WITH CONTRIBUTIONS FROM A LAW FIRM IN RECOGNITION OF THE FIRM'S COLLEAGUE, MAYNARD TOLL.

WILLIAM H. NEUKOM FELLOWS RESEARCH CHAIR IN DIVERSITY AND LAW

THIS FUND WAS ESTABLISHED IN 2011 AND SUPPORTS RESEARCH IN DIVERSITY AND LAW. THE FUND IS TO BE USED SOLELY FOR THE RESEARCH EXPENSES AND SALARY OF THE SCHOLAR DESIGNATED BY THE DIRECTOR OF THE ABF WITH THE ADVICE OF THE BOARD OF DIRECTORS.

ROBERT O. HETLAGE SCHOLARSHIP FUND

THIS FUND WAS CREATED IN 2007 IN HONOR OF ROBERT HETLAGE AND CONTRIBUTIONS
TO THIS FUND SUPPORT THE FOUNDATION'S DOCTORAL FELLOWSHIP PROGRAM.

WILLIAM C. HUBBARD LAW & EDUCATION CONFERENCE ENDOWMENT

THIS FUND IS TO SUPPORT CONFERENCES RECOGNIZING AND DISSEMINATING INNOVATIVE AND SIGNIFICANT SCHOLARSHIP ON LAW AND EDUCATION.

THE RUTH BADER GINSBURG ENDOWED FUND FOR CIVIL RIGHTS & GENDER EQUALITY

TO SUPPORT HIGH-QUALITY RESEARCH AND PROGRAMMING IN CIVIL RIGHTS AND GENDER EQUALITY.

Schedule D (Form 990) 2022

# SCHEDULE F (Form 990)

# Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service  Inspection

Name of the organization

**Employer identification number** 

AMERICAN BAR FO	UNDATION				36-611027	1
		ctivities Out	side the United States. Comple	ete if the organ		
Form 990, Part IV	/, line 14b.					
			ds to substantiate the amount of its gra			🖂
the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and otl	ner assistance outsi	de the
United States.			,			
			an be duplicated if additional space is n	· · · · · · · · · · · · · · · · · · ·		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
	_					
EUROPE	0	0	PROGRAM SERVICES	PROFESSIONA	L CONFERENCES	7,861.
EUROPE	0	0	PROGRAM SERVICES	RESEARCH		4,938.
EAST ASIA AND						
PACIFIC	0	0	PROGRAM SERVICES	PROFESSIONA	L CONFERENCES	19,373.
EAST ASIA AND						
PACIFIC	0	0	PROGRAM SERVICES	RESEARCH		5,869.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROFESSIONA	L CONFERENCES	4,245.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH		1,472.
TOTAL TRIBUTOR	, and the second		I ROOM BERVIOLE	red Emilion		1,172.
COLUMN ACTA		0	DDOGDAM GEDVIGEG	DDOEEGGIONA	I COMPEDENCES	1 471
SOUTH ASIA	0	0	PROGRAM SERVICES	PROFESSIONA	L CONFERENCES	1,471.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROFESSIONA	L CONFERENCES	461.
<b>3 a</b> Subtotal <b>b</b> Total from continuation	-	0				45,690.
sheets to Part I	0	0				1,584,678.
c Totals (add lines 3a						
and 3b)	0	0				1,630,368.

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

Schedule F (Form 990) 2022

Part I Continuation	n of Activitie	s per Region	Schedule F (Form 990), Part I, line 3	)	
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND					
THE CARIBBEAN			INVESTMENTS IN THE REGION		1,584,678.
Totals					1,584,678.

3 Enter total number of other organizations or entities

recipient who re	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Lecognized as charities by the or counsel has provided a sec			<b>&gt;</b> .		1

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  Part III can be duplicated if additional space is needed.							
grant or assistance	dditional space is needer	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Par	t IV Foreign Forms	
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes."	
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign  Corporation (see Instructions for Form 926)	X Yes No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may	
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes X No
	U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	[ 103 [22] 140
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"	
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to	
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a	
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,	
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	
	Fund (see Instructions for Form 8621)	Yes X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	
	Foreign Partnerships (see Instructions for Form 8865)	Yes X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If	

Schedule F (Form 990) 2022

Yes X No

232075 10-17-22 Schedule F (Form 990) 2022

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

OMB No. 1545-0047

2022

Open to Public

Go to www.irs.gov/Form990 for the latest information.

Inspection

Employer identification number

36-6110271

AMDICE	CHI DHI I OUID	71101					30 0110271
Part I General Information on 0	Grants and Assistance						
1 Does the organization maintain	ecords to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants							₹,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2 Describe in Part IV the organizat	ion's procedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assista					anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received mo	re than \$5,000. Part II can	be duplicated if addit	ional space is need	ed.			
1 (a) Name and address of organi or government	zation (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA							
ATLANTA, GA 30384	56-6001393	501(C)(3)	104,740.	0.			RESEARCH
TEXAS A&M UNIVERSITY 400 HARVET MITCHELL PARKWAY S	·						
COLLEGE STATION, TX 77845	74-6000531	115	16,098.	0.			RESEARCH
<ul><li>2 Enter total number of section 50</li><li>3 Enter total number of other organization.</li></ul>			e line 1 table				2.

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

Schedule I (Form 990) 2022

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					OFFICE SPACE, SUPPLIES,
OCTORAL FELLOW STIPENDS	5	143,000.	125,459.	BOOK VALUE	TRAVEL, ADMINISTRATIVE SUPPORT
PB ACCESS TO JUSTICE SCHOLARS STIPENDS	6	90,000.	0.		
UMMER RESEARCH DIVERSITY FELLOW STIPENDS	6	27,000.	0.		
ESEARCH CHAIR STIPEND	1	75,000.	0.		
John Chill Bill Ind		73,000.	3.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### PART I, LINE 2:

THE AMERICAN BAR FOUNDATION PROVIDES SUPPORT TO RECIPIENTS OF ITS DOCTORAL

FELLOWSHIP PROGRAM. THESE FELLOWSHIPS ARE AWARDED TO OUTSTANDING STUDENTS

WHO ARE CANDIDATES FOR PH.D. DEGREES IN THE SOCIAL SCIENCES. PROPOSED

RESEARCH MUST BE IN THE GENERAL AREA OF SOCIOLEGAL STUDIES OR IN SOCIAL

SCIENTIFIC APPROACHES TO LAW, THE LEGAL PROFESSION, OR LEGAL INSTITUTIONS.

THE RESEARCH MUST ADDRESS SIGNIFICANT ISSUES IN THE FIELD AND SHOW PROMISE

OF A MAJOR CONTRIBUTION TO SOCIAL SCIENTIFIC UNDERSTANDING OF LAW AND LEGAL

PROCESS. FELLOWSHIPS ARE HELD IN RESIDENCE AT THE AMERICAN BAR FOUNDATION.

Schedule I (Form 990)

# SCHEDULE J (Form 990)

**Compensation Information** 

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

### AMERICAN BAR FOUNDATION

 $\begin{array}{c} \textbf{Employer identification number} \\ 36-6110271 \end{array}$ 

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			l
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_	v	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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 aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AJAY K. MEHROTRA	(i)	215,171.	39,545.	0.	26,282.	23,009.	304,007.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHARI DIAMOND	(i)	208,263.	0.	0.	21,222.	17,276.	246,761.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH MERTZ	(i)	179,749.	0.	0.	18,331.	10,580.	208,660.	0.
RESEARCHER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN SHAPIRO	(i)	159,174.	0.	0.	15,937.	5,274.	180,385.	0.
RESEARCHER	ii)	0.	0.	0.	0.	0.	0.	0.
(5) MATTHEW BURNETT	(i)	138,406.	0.	0.	14,289.	16,706.	169,401.	0.
SENIOR PROGRAM OFFICER	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
(	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
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	ii)							
	(i)							
	ii)							
	(i)							
(	ii)							(5

Part III   Supplemental Information
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.
SCHEDULE J, PART I, LINE 7
AS INDICATED IN SCHEDULE J, PART II, CERTAIN INDIVIDUALS RECEIVED
BONUSES BASED ON PERFORMANCE. THESE BONUSES ARE APPROVED BY THE
EXECUTIVE COMMITTEE.

# SCHEDULE O (Form 990)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN BAR FOUNDATION

Employer identification number 36-6110271

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ON THE LAW. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HIGHEST QUALITY TO INFORM AND GUIDE THE LEGAL PROFESSION, THE ACADEMY AND SOCIETY IN THE UNITED STATES AND INTERNATIONALLY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AND A RESEARCH COMMITTEE OF THE BOARD OF DIRECTORS. THE RESEARCH PROJECTS ARE THEN VOTED ON BY THE FULL BOARD OF DIRECTORS. STANDARDS FOR REVIEW INCLUDE THE SIGNIFICANCE OF THE STUDY AND THE COMPORTMENT OF ITS DESIGN WITH THE STANDARDS OF INTEGRITY AND SCHOLARSHIP. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: LAW & SOCIAL INQUIRY AND LIAISON EXPENSES \$ 122,874. INCLUDING GRANTS OF \$ 0. REVENUE \$ 58,339. SECTION A, LINE 6: FORM 990, PART VI, THE MEMBERS OF THE CORPORATION ARE THE PERSONS WHO FROM TIME TO TIME ARE MEMBERS OF THE BOARD OF GOVERNORS OF THE AMERICAN BAR ASSOCIATION. ANNUAL MEETING OF THE MEMBERS IS HELD IN EACH YEAR FOR THE PURPOSE OF ELECTING DIRECTORS AND FOR THE TRANSACTION OF SUCH OTHER BUSINESS AS MAY COME BEFORE THE MEETING. FORM 990, PART VI, SECTION A, LINE 7A:

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Schedule O (Form 990) 2022

AN ANNUAL MEETING OF THE MEMBERS IS HELD FOR THE PURPOSE OF ELECTING

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

Schedule O (Form 990) 2022 Page 2

Name of the organization

AMERICAN BAR FOUNDATION

Employer identification number 36-6110271

DIRECTORS AND FOR THE TRANSACTION OF SUCH OTHER BUSINESS AS MAY COME BEFORE THE MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD RETAINS THE SERVICES OF AN INDEPENDENT CPA FIRM TO PREPARE THE

ORGANIZATION'S FORM 990. MANAGEMENT REVIEWS THE COMPLETED FORM 990 AND

PROVIDES A FULL COPY TO ALL VOTING MEMBERS OF THE GOVERNING BODY PRIOR TO

FILING. ALL VOTING MEMBERS MAY COMMENT ON THE RETURN PRIOR TO FILING, WHICH

MANAGEMENT ASSESSES IN COORDINATION WITH THE CPA FIRM THAT PREPARES THE

RETURN, AS WARRANTED.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE ANNUALLY REQUIRED TO COMPLETE A

CONFLICT OF INTEREST DISCLOSURE STATEMENT. POTENTIAL CONFLICTS ARE LOGGED

WITH AND MONITORED BY THE DIRECTOR OF OPERATIONS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE ORGANIZATION'S EXECUTIVE COMPENSATION POLICY IS DESIGNED SUCH THAT A

COMMITTEE OF THE BOARD OF DIRECTORS CONVENES TO ASSIST THE BOARD IN

DETERMINING THE COMPENSATION OF THE FOUNDATION'S EXECUTIVE DIRECTOR. THE

COMMITTEE, CONSISTING ENTIRELY OF INDEPENDENT DIRECTORS, CONSIDERS THE

PERFORMANCE OF THE EXECUTIVE DIRECTOR AND COMPENSATION FOR EXECUTIVE

DIRECTORS OF SIMILAR ORGANIZATIONS. THIS PROCESS IS DOCUMENTED.

DURING ITS FISCAL YEAR ENDED AUGUST 31, 2023, THE ORGANIZATION EMPLOYED TWO

INTERIM EXECUTIVE DIRECTORS. THEIR COMPENSATION WAS DETERMINED BY THE

CURRENT AND FORMER PRESIDENTS OF THE BOARD OF DIRECTORS, WHO ARE CONSIDERED

INDEPENDENT, USING FACTS AND CIRCUMSTANCES WARRANTED BY THE ORGANIZATION'S

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** AMERICAN BAR FOUNDATION 36-6110271 EXECUTIVE DIRECTOR SEARCH. THESE DECISIONS HAVE BEEN SUBSEQUENTLY EVALUATED AND DOCUMENTED BY THE CHAIR OF THE COMPENSATION COMMITTEE USING HISTORICAL COMPARATIVE DATA, AFFIRMING THEIR REASONABLENESS. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, CO, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN UT, VA, WI, WV, OH FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE THROUGH APPLICABLE GOVERNMENTAL AGENCIES; THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.

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#### **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. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

AMERICAN BAR I	FOUNDATION					36-61102	:71	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-year		Direct c	<b>(f)</b> controlling	g
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	n answered "Yes" on Form 990	0, Part IV, line 34, b	pecause it had one	or more	related tax-exer	npt	
(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 status (if section 501(c)(3))	Dire	(f) ct controlling entity	cont	<b>g)</b> 512(b)(13) trolled tity?
AMERICAN BAR ASSOCIATION - 36-0723150				33.(6)(6))			Yes	No
321 N. CLARK STREET CHICAGO, IL 60654	PROFESSIONAL MEMBERSHIP ORGANIZATION	ILLINOIS	501(C)(6)					х

Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)																				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total income	Share of Dispro end-of-year		Share of	Diegraportionata		Disproporti		Code V-UBI	General c	Percentage				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>																				
	1																														
	1																														
	1																														
	1																														
	1			1					1																						

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х	
	the state of the s				1d		Х	
е	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j Lease of facilities, equipment, or other assets to related organization(s)								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
- 1	Performance of services or membership or fundraising solicitations for related organi	ization(s)			11		X	
	Performance of services or membership or fundraising solicitations by related organi				1m	Х		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	n(s)			1n		X	
o	Sharing of paid employees with related organization(s)				10		X	
р	Reimbursement paid to related organization(s) for expenses				1p	Х		
	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		X	
s	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on wh							
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount inv	olved			
1) -	AMERICAN BAR ASSOCIATION	P	572,383.	FAIR MARKET VALUE				
2)								
3)								
41								
4)								
E)								
5)								
6)								
6) 2010	2 00 14 22			Schedule	D /Earr	n 990	1 2022	

Page 4

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.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(I	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	alloca	tions?	amount in box 20	managir	ownership
		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Vec N	
				163 140			163	INO	(* 2 * * * * * 2 * 2 * )	165 14	
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	7										
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