Form **990**

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

<u>A</u>	For the	e 2011 cai	endar year, or tax year beginning 9/1/2011 , and end		1/2012		
B	Check if a	applicable:	C Name of organization American Bar Association	D Employer	· identification	number	
\sqcup	Address (change	Doing Business As	36-0723150)		
ı	Name ch	ange	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone	e number		
	nitial retu	urn	321 N Clark Street	(312) 988-5	000		
	Terminate	ed	City or town, state or country, and ZIP + 4				
\Box	Amended	d return	Chicago IL 60654	G Gross reco	eipts \$	237,528,716	
Π,	Application	on pending	F Name and address of principal officer:	I(a) Is this a group retu	urn for affiliates	? Yes X No	
	••	, ,	Jack Rives, Executive Director 321 N Clark Street, Chicago, IL 60654 H			Yes No	
1 7	av evem	npt status:	501(c)(3) X 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a lis			
						•	
				H(c) Group exemption			
		rganization		of formation: 1878	M State of	legal domicile: L	
F	arti		mmary				
	1	-		ve equally the me	embers of the	ie	
41			ofession and the public by defending liberty and delivering justice as the na	ational			
S S		represe					
eĽ							
30	2		his box I if the organization discontinued its operations or disposed of more than	1 1			
~8	3		of voting members of the governing body (Part VI, line 1a)		3	37	
ities	4		of independent voting members of the governing body (Part VI, line 1b).		4	37	
Activities & Governance	5		mber of individuals employed in calendar year 2011 (Part V, line 2a)		5	1,010	
ď	6		6	8,500			
	7a		related business revenue from Part VIII, column (C), line 12		7a 7b	3,463,728 0	
	<u> </u>	Net unit	elated business taxable income from Form 990-T, line 34	Prior Year	10	Current Year	
	8	Contrib	utions and grants (Part VIII, line 1h)................	6,234	1 225	7,113,114	
ā	9		n service revenue (Part VIII, line 2g)	118,589		115,693,062	
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	8,454		15,576,682	
æ	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,073	7,940,932	
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	140,654		146,323,790	
	13		and similar amounts paid (Part IX, column (A), lines 1–3)		3,890	923,361	
	14		s paid to or for members (Part IX, column (A), line 4)		0	0	
ro.	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)	58,40	5,787	63,705,796	
use	16a		ional fundraising fees (Part IX, column (A), line 11e)		0 (
Expenses	b	Total fu	ndraising expenses (Part IX, column (D), line 25) ▶ 0				
úi	17	Other e	xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)	70,590	0,809 72,557,384		
	18	Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . L	129,770		137,186,541	
	19	Revenu	e less expenses. Subtract line 18 from line 12	10,883		9,137,249	
ets or	2		ļ a	Beginning of Curren		End of Year	
Sset	20		sets (Part X, line 16)	239,942		298,105,242	
Net Asse	21		bilities (Part X, line 26)	120,890		191,105,739	
			ets or fund balances. Subtract line 21 from line 20	119,052	2,385]	106,999,503	
	art II		nature Block ry, I declare that I have examined tbj s return, including accompanying schedules and statement	te and to the best of m	w knowledge		
			ry, I declare that I have examined this return, including accompanying schedules and statement ect, and complete. Declaration of preparer (other than officer) is based on all information of which				
			(Min I-laves	4	111/13		
Sig	-		Signature of officer	Date *	,,,,,		
He	ere	L	Jack Rives Execu	ıtive Director			
		 7 (Type or print name and title				
		Prir	t/Type preparer's name Preparer's signature	Date		PTIN	
Pa	id				Check if self-employed		
	epare	l				L	
Us	e Only	у	i's name	Firm's EIN			
			n's address ▶	Phone no.			
Ма	y the II	RS discu	ss this return with the preparer shown above? (see instructions)			Yes No	

Form 9	90 (2011)	American Bar Association	36-0723150	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		. X
1	Briefly d	escribe the organization's mission:		
	To serve	e equally the members of the legal profession and the public by defending liberty		
		vering justice as the national representative of the legal profession.		
2	Did the	organization undertake any significant program services during the year which were not listed	no t	_
		Form 990 or 990-EZ?	Yes	X No
	If "Yes,"	describe these new services on Schedule O.		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		_
	services	?	Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program s		
		es. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to		
	grants a	nd allocations to others, the total expenses, and revenue, if any, for each program service re	ported.	
4a) (Expenses \$0 including grants of \$0) (Re		
		ctions, Divisions, Forums: The American Bar Association is the largest voluntary		
		onal association in the world. Throughout its history, the ABA has demonstrated an		
		anticipate the needs of the legal profession and to respond to the needs of a changing		
		ment of policy on issues that are of concern to both the profession and the public. Much		
		ork is carried out through the entities of the Association, primarily Sections, Divisions		
	and For	ums (See Schedule O for continuation)		
4b	(Code:) (Expenses \$0 including grants of \$0) (Re	Venue \$	0.)
40		A provided over 630 separate continuing legal education (CLE) programs to more than 90,00		
		in this fiscal year. These programs included National Institutes at locations across the		
		and the second of the second o		
		erences, and on-demand webinars and MP3 downloads. By ensuring the continuing education		
		e e la la caración de la companya de		
		and professionalism, as well as the protection of clients, the public, and the courts.		
	1000000			
4c	(Code:) (Expenses \$0 including grants of \$0) (Re	venue \$	0)
		ublishing: ABA publishes and distributes legal content both as a member benefit and for		
		nembers and non-members. This year the ABA produced more than 215 member-benefit		
		ethics and professionalism, and career quidance on the practice of law and related		
		es. The ABA also publishes both print and electronic versions of the ABA Journal, which		
		oics. ABA also published more than 250 books and ebooks that were sold or distributed to		
	more that	an 85,000 customers. (See Schedule O for continuation)		
4d	-	rogram services. (Describe in Schedule O.)		
	(Expens		0)	
4e	Total pr	ogram service expenses 0		

	•		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		Χ
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	Χ	
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		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			V
40	complete Schedule D, Part IV	9		Х
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	^	
• •	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	Χ	
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		Χ
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		Χ
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	V	Х
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i> . Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Χ	
'	the organization's separate of consolidated infancial 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? <i>If "Yes," complete</i>			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional .	12b	Χ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			V
1 <i>E</i>	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		^
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	- •		
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
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		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Χ 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 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 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a **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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II. 26 Χ Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Χ Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Χ **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Χ 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Χ Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Χ 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			ᆜ
	5		Yes	No
1a	· · · · · · · · · · · · · · · · · · ·	00		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
2-	gaming (gambling) winnings to prize winners?	10	: X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the colon decrease and increase the colon decrease and increase the colon decrease and increase an			
L	Statements, filed for the calendar year ending with or within the year covered by this return	_	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)	2h		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ı X	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>			+
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		, <u>, , , , , , , , , , , , , , , , , , </u>	+-
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	1	X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	•		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5k)	Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50	;	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a	ı X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6k	X	_
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?			+
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b)	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		
A	If "Yes," indicate the number of Forms 8282 filed during the year	70	;	
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	_	+
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	. 70	_	+-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			+
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
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:			
a	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?	12	2	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12	а	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13	а	
٠,	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14	а	Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14	b	

Part VI

Section A. Governing Body and Management

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

Yes No

1a	Enter the number of voting members of the governing body at the end of the tax year	1a 37					
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b 37					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation						
	any other officer, director, trustee, or key employee?	=	2		Х		
3	Did the organization delegate control over management duties customarily performed by or unde supervision of officers, directors, or trustees, or key employees to a management company or of		3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w		4		X		
5	Did the organization become aware during the year of a significant diversion of the organization'		5		X		
6	Did the organization have members or stockholders?		6	Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect						
	one or more members of the governing body?		7a	Χ			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,					
	stockholders, or persons other than the governing body?		7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertain	ken during					
_	the year by the following:		0-	V			
a	The governing body?		8a 8b	X			
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		OD	^			
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		Х		
Sect	ion B. Policies (This Section B requests information about policies not required by the I			Į.			
				Yes	No		
	Did the organization have local chapters, branches, or affiliates?		10a		Χ		
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?							
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 							
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?	_	12b	Х			
	describe in Schedule O how this was done		12c	Χ			
13	Did the organization have a written whistleblower policy?		13	Χ			
14	Did the organization have a written document retention and destruction policy?		14	Χ			
15	Did the process for determining compensation of the following persons include a review and apprinted independent persons, comparability data, and contemporaneous substantiation of the deliberation						
	The organization's CEO, Executive Director, or top management official		15a	Χ			
b	Other officers or key employees of the organization		15b	Х			
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra with a taxable entity during the year?	_	16a		Χ		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evo		100				
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa						
	the organization's exempt status with respect to such arrangements?		16b				
	ion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed	200 T (Continu 504/a	\(2\-				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9 available for public inspection. Indicate how you made these available. Check all that apply.	990-1 (Section 501(C)(3)S (nuy)			
Own website Another's website X Upon request							
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest							
policy, and financial statements available to the public.							
20 State the name, physical address, and telephone number of the person who possesses the books and records of th							
organization: ► Lawrence M Gill (312) 988-5							
	321 N Clark Street, Chicago, IL 60654			000			
			Form	990 (2011)		

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

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

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

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

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

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

		(C)								
(A)	(B)	Position (do not check more than one box, unless person is both an					ne	(D)	(E)	(F)
Name and Title	Average	box,	unles	ss pe	rson	is both	an	Reportable	Reportable	Estimated amount of
	hours per week					or/trust	,	compensation from	compensation from related	other
	(describe hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	dual	tion	-	mplo	st cc	'n	(W-2/1099-MISC)	(11 2/1000 111100)	organization
	organizations in Schedule	trust	al tro		уее	mpe				and related organizations
	O)	ee	stee			Highest compensated employee				
(1) Wm T Robinson III						ğ				
President	77.00	Х		Χ				50,000	0	0
(2) Laurel G Bellows										
President-Elect	60.00	Χ		Χ				0	0	0
(3) Cara Lee T Neville										
Secretary	12.50	Χ		Χ				0	0	0
(4) Linda A Klein		.,		.,				_	_	_
Chair, ABA House of Delegates	20.00	Χ		Χ				0	0	0
(5) Lucian T Pera	7.50	V		V						
Treasurer (6) Stephen N Zack	7.50	Х		Χ				0	0	0
Immediate Past President	12.00	Х		Х				0	0	0
(7) Joseph J Roszkowski	12.00			^				0	0	<u> </u>
Member-At-Large	5.00	Х						0	0	0
(8) Josephine A. McNeil	0.00								, ,	
Member-At-Large	5.00	Х						0	0	0
(9) Amelia Helen Boss										
Member-At-Large	6.00	Χ						0	0	0
(10) Allen Cunningham Goolsby III										
Member-At-Large	12.50	Χ						0	0	0
(11) Charles E English, Sr	v									
Member-At-Large	4.00	Χ						0	0	0
(12) Robert L Rothman		.,						_	_	_
Member-At-Large	2.00	Χ						0	0	0
(13) Cheryl I Niro	4.00	_						_		_
Member-At-Large (14) Edith G Osman	4.00	Х						0	0	0
(14) Editi G Osman Member-At-Large	5.00	Х						0	0	0
wieniber-At-Large	5.00	^	<u> </u>		l	1		ı U	0	5 000 (22.11)

Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, a	nd	High	est	Compensated	Employees (co	ntinue	∍d)	
(A) Name and title	(B) Average			Pos neck		e than o		(D) Reportable	(E) Reportable	F.	(F)	4
Name and the	hours per	office	er an	dad		or/trust	ee)	compensation	compensation	an	nount o	
	week (describe hours for related organizations in Schedule O)	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)	com fr org and	other apensati com the anization d relate anization	on ed
(15) Frederick E Finch												
Member-At-Large	1.00	Х						0	0			0
(16) James S Hill												
Member-At-Large	5.00	Χ						0	0			0
(17) James F Carr Member-At-Large	7.50	Х						0	0			0
(18) Thomas A Hamill												
Member-At-Large	10.00	Х						0	0			0
(19) Carlos A Rodriguez-Vidal												
Member-At-Large	5.00	Χ						0	0			0
(20) Mark I Schickman Member-At-Large	10.00	Х						0	0			0
(21) Kenneth G Standard Member-At-Large	7.70	Х						0	0			0
(22) G Nicholas Casey, Jr Member-At-Large	1.00	Х						0	0			0
(23) C Timothy Hopkins Member-At-Large	5.00	Х						0	0			0
(24) James Dimos Member-At-Large	6.00	Х						0	0			0
(25) Leslie Miller Member-At-Large	8.00							0	0			0
1b Sub-total							>	50,000	0			0
c Total from continuation sheets to Part VII,								4,243,195	0		203,	
d Total (add lines 1b and 1c)								4,293,195	0		203,	,255
2 Total number of individuals (including but not				,			eive	ed more than \$1	00,000 of			
reportable compensation from the organizatio	n ►		11	7							V	
											Yes	No
3 Did the organization list any former officer, di employee on line 1a? If "Yes," complete Sche					•		_	•		3	Х	
For any individual listed on line 1a, is the sum the organization and related organizations great	eater than \$150,0	000?	If "	Yes	s," c	omple	ete	Schedule J for s				
individual										4	Χ	
5 Did any person listed on line 1a receive or according for services rendered to the organization? If "	•			•				•		5		X

Section B. Independent Contractors

Form 990 (2011)

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

	Name an	(B) Description of services	(C) Compensation						
	United States Postal Servic	2700 Campus Drive, San Mateo, CA 94497	Shipping	2,767,000					
	World Color Corporation	291 State St, North Haven, CT 06473	Printing and paper services	2,595,566					
	Infocision Management Col	Telemarketing	1,549,283						
	Manpower	21271 Network Place, Chicago, IL 60673	Staffing	1,452,918					
	Bear Construction Compan 1501 Rohlwing Road, Rolling Meadows, IL 60 Building services								
2	2 Total number of independent contractors (including but not limited to those listed above) who received								
	more than \$100,000 of compensat	ion from the organization 213							

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Par	t VIII	Statement of Revenue					Ĭ
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1a	Federated campaigns 1a	0		revenue		312, 313, 01 314
Contributions, Gifts, Grants and Other Similar Amounts	_	Membership dues	0				
ي ق	b	· · · · · · · · · · · · · · · · · · ·					
fts,	С	Fundraising events	0				
ig ig	d	Related organizations	0				
ns, Sirr	е	Government grants (contributions) 1e	0				
atio er (f	All other contributions, gifts, grants, and					
혈본		similar amounts not included above 1f	7,113,114				
on E	g	Noncash contributions included in lines 1a-1f: \$	0				
<u>8</u>	h	Total. Add lines 1a–1f		7,113,114			
ne		_	Business Code				
Ven		Meeting Fees		26,615,511	26,615,511		
å		Publication Revenue		12,443,492	12,443,492		
Program Service Revenue			511120	2,994,655		2,994,655	
Ser	d	Membership Dues		73,639,404	73,639,404		
E	е			0			
ogra	f	All other program service revenue		0			
Ā	g	Total. Add lines 2a–2f	▶	115,693,062			
	3	Investment income (including dividends, interest,					
		other similar amounts)		6,690,700			6,690,700
	4	Income from investment of tax-exempt bond proc		0,000,100			0,000,100
	5	Royalties		7,293,678			7,293,678
		(i) Real	(ii) Personal	7,200,070			7,200,070
	6a	Gross rents	. ,				
	_	Less: rental expenses					
	b		0				
	C		-	0			
	d	Net rental income or (loss)	(ii) Other	U			
	/a	Gross amount nom saids of					
		assets other than inventory . 0	100,090,908				
	b	Less: cost or other basis					
		and sales expenses 0	91,204,926				
	С	Gain or (loss) 0	8,885,982				
	d	Net gain or (loss)		8,885,982			8,885,982
Other Revenue	8a	Gross income from fundraising events (not including \$	0				
ţ	h	Less: direct expenses b	0				
0		Net income or (loss) from fundraising events	ŭ	0			
		Gross income from gaming activities.		J			
	Ja	See Part IV, line 19 a	o				
	h	Less: direct expenses b	0				
		· · · · · · · · · · · · · · · · · · ·		0			
		Net income or (loss) from gaming activities		U			
	Tua	Gross sales of inventory, less					
	_	returns and allowances	0				
		Less: cost of goods sold b	0				
	С	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a		900004	289,957		289,957	
	b	Other Income	900099	357,297	178,181	179,116	
	С			0			
	d	All other revenue		0			
	е	Total. Add lines 11a–11d	▶	647,254			
	12	Total revenue. See instructions	F		112,876,588	3,463,728	22,870,360

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the United States. See Part IV, line 21	816,502							
2	Grants and other assistance to individuals in the								
	United States. See Part IV, line 22	106,859							
3	Grants and other assistance to governments,	·							
	organizations, and individuals outside the								
	United States. See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	3,903,238							
6	Compensation not included above, to disqualified	-,,							
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	45,731,330							
8	Pension plan accruals and contributions (include	10,101,000							
•	section 401(k) and 403(b) employer contributions).	4,036,067							
9	Other employee benefits	6,839,357							
10	Payroll taxes	3,195,804							
11	Fees for services (non-employees):	0,100,001							
a	Management	1,440,129							
b	Legal	1,260,510							
C	Accounting	232,283							
d	Lobbying	1,176,115							
e	Professional fundraising services. See Part IV, line 17	1,170,113							
f	Investment management fees	0							
	Other	3,586,624							
g 12		11,952,201							
12 13	Advertising and promotion	7,661,265							
14	Office expenses								
15	Information technology	1,883,436 1,373,536							
16	Royalties	7,300,311							
17	Occupancy	9,337,499							
	Travel	9,337,499							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
10	· · · · · · · · · · · · · · · · · · ·	18,898,294							
19	Conferences, conventions, and meetings								
20 21	Interest	1,095,837							
	Payments to affiliates		2 276 527	0					
22 23	Depreciation, depletion, and amortization	2,276,537 205,500	2,276,537	0	0				
-	Insurance	205,500							
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
_	(A) amount, list line 24e expenses on Schedule O.)	740,000							
a	Taxes	718,088							
b	Utilities Missellangous Operating Evpanses	182,256							
ر C	Miscellaneous Operating Expenses	1,156,651							
d	Interfund Transfers	820,312							
	All other expenses	127 196 544	0.070.507						
25	Total functional expenses. Add lines 1 through 24e.	137,186,541	2,276,537	0	0				
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation. Check here If								
	following SOP 98-2 (ASC 958-720)	i J	Į.						

Form 990 (2011) American Bar Association 36-0723150 Page **11**

Part X Balance Sheet

Pa	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		2,524,779	1	14,710,972
	2	Savings and temporary cash investments	[22,897,174	2	10,081,572
	3	Pledges and grants receivable, net	[0	3	0
	4	Accounts receivable, net		4,938,193	4	4,327,140
	5	Receivables from current and former officers, directors, trustees	, key			
		employees, and highest compensated employees. Complete Pa	rt II of			
		Schedule L		0	5	
	6	Receivables from other disqualified persons (as defined under s				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and con				
		employers and sponsoring organizations of section 501(c)(9) vo	luntary			
ţ		employees' beneficiary organizations (see instructions)	-	0	6	
Assets	7	Notes and loans receivable, net	_	0	7	0
ĕ	8	Inventories for sale or use		3,324,590	8	3,335,562
	9	Prepaid expenses and deferred charges	_	2,620,807	9	2,495,561
	10a	Land, buildings, and equipment: cost or		, ,		, ,
			64,468,656			
	b		47,795,887	16,084,964	10c	16,672,769
	11	Investments—publicly traded securities		173,614,930	11	246,095,261
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		13,937,071	15	386,405
	16	Total assets. Add lines 1 through 15 (must equal line 34)		239,942,508	16	298,105,242
	17	Accounts payable and accrued expenses		9,048,938	17	8,247,702
	18	Grants payable		0	18	-, , -
	19	Deferred revenue		47,258,784	19	57,278,954
	20	Tax-exempt bond liabilities		0	20	, ,
	21	Escrow or custodial account liability. Complete Part IV of Sched		0	21	
S	22	Payables to current and former officers, directors, trustees, key				
Liabilities		employees, highest compensated employees, and disqualified				
jg		persons. Complete Part II of Schedule L		0	22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	_	9,768,984	23	1,027,824
	24	Unsecured notes and loans payable to unrelated third parties .		0	24	0
	25	Other liabilities (including federal income tax, payables to related				
		parties, and other liabilities not included on lines 17-24). Comple				
		Part X of Schedule D		54,813,417	25	124,551,259
	26	Total liabilities. Add lines 17 through 25		120,890,123	26	191,105,739
		Organizations that follow SFAS 117, check here ► X and				
es		complete lines 27 through 29, and lines 33 and 34.	·			
anc anc	27	Unrestricted net assets		119,039,905	27	106,999,503
3919	28	Temporarily restricted net assets		12,480	28	100,999,303
Б	29	Permanently restricted net assets		0	29	
٤	23	<u> </u>	_	U	23	
Ē		Organizations that do not follow SFAS 117, check here ▶	_			
S O		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds		0	30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund .		0	31	
ë	32	Retained earnings, endowment, accumulated income, or other f		0	32	
Z	33	Total net assets or fund balances		119,052,385	33	106,999,503
	34	Total liabilities and net assets/fund balances		239,942,508	34	298,105,242

American Bar Association 36-0723150 Page **12** Part XI Reconciliation of Net Assets 1 146,323,790 1 2 2 137,186,541 3 3 9,137,249 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 119,052,385 5 5 -21,190,131 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 106,999,503 **Financial Statements and Reporting** Check if Schedule O contains a response to any question in this Part XII. . . . Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a **b** Were the organization's financial statements audited by an independent accountant? 2b 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? Χ 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Both consolidated and separate basis

Separate basis

X Consolidated basis

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

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2011)

3a

Χ

Continuation Sheet for Form 990

Page 1 of 2

Name of the Organization

Employer identification number

36-0723150

American Bar Association
Part VII Section A

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Employees										
(A)	(B)		. ,		C)			(D)	(E)	(F)
Name and title	Average		1	T T		that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from	compensation from related	amount of other
	(describe	/idua	tutic	ær	emp	lest bloye	ner	the	organizations	compensation
	hours for related	dor tru	mal		oloye	com		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	uste	trus		ě	pen		(VV-2/1099-IVII3C)		and related
	in Schedule	Ф	tee			sate				organizations
	O)					ä				
(26) R Kinnan Golemon										_
Member-At-Large	3.	Χ						0	0	0
(27) Neal R Sonnett	•									
Member-At-Large	20.	Х						0	0	0
(28) Mary Ellen Coster Williams	_									
Member-At-Large	5.	Х						0	0	0
(29) Peter Alan Winograd Member-At-Large	10.	X						0	0	0
(30) Charles A Collier, Jr	10.	^						0	U	<u> </u>
Member-At-Large	5.	Х						0	o	0
(31) Barbara Mendel Mayden										
Member-At-Large	5.	Х						0	0	0
(32) Mary L Smith										
Member-At-Large	15.	Х						0	0	0
(33) Harold D Pope III										0
Member-At-Large	2.	Х						0	0	0
(34) Michelle A Behnke Member-At-Large	2.5	Х						0	o	0
(35) Sandra R McCandless	2.0							Ŭ	Ŭ	
Member-At-Large	10.	Х						0	0	0
(36) Kendyl T Hanks										
Member-At-Large	10.	Х						0	0	0
(37) Michael Pellicciotti										_
Member-At-Large	10.	Χ						0	0	0
(38) Brandon Smith										
Member-At-Large	7.	Х						0	0	0
(39) Jack Rives								007.000		40.007
Executive Director	80.			Х				687,929	0	10,807
(40) Lawrence Gill CFO, Deputy Executive Director	55.				Х			369,980	0	18,112
(41) R Thomas Howell	55.				^			309,980	U	10,112
General Counsel	43.				Х			346,187	О	24,440
(42) Thomas Susman								,		= :, : : -
Director, Government Liason	37.5				Х			302,853	0	0
(43) Chris Gloede										
Chief Marketing Officer	60.				Х			286,238	0	7,254
(44) Marina Jacks										
Associate Executive Director, Policy & Governance	37.5				Χ	-		274,006	0	16,806
(45) James Swanson					v			070 465	ء ا	4 00=
Sr Director, DC Operations	50.		-	-	Х	-		270,406	0	4,897
(46) H Maria Enright Sr Director, Professional Services	40.				Х			221,504		27 946
OI DITECTOI, FTOTESSIONAL SELVICES	40.		<u> </u>		^	<u> </u>		221,504	0	27,846

Continuation Sheet for Form 990

Page 2 of 2

Name of the Organization

Employer identification number

36-0723150

American Bar Association
Part VII Section A

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Empl	oyees								,	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average					that ap	Ė	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Insti	Officer	Key employee	Highest compensated employee	Former	compensation from	compensation from related	amount of other
	(describe	/idua	Institutional trustee	cer	emp	nest oloye	mer	the	organizations	compensation
	hours for related	al tru	nal		loye	com		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ıste	trust		ď	pen		(**-2/1039-141130)		and related
	in Schedule	U U	ee			sate				organizations
	O)					۵				
(47) Kathryn Wiley										
Sr Director, Human Resources	50.				Χ			177,694	0	14,812
(48) Dolores Gedge										
Director of Planning	37.5					Х		182,896	0	20,687
(49) Robert Horowitz										
Director, DC Professional Services	35.					Χ		197,170	0	7,009
(50) Jerry Kiska	40					V		400 407		2.002
Controller (51) Laura Metzger	40.					Х		182,167	0	2,693
Division Director, Brand and Product Management	55.					Х		177,304	o	9,852
(52) Torronco Brooks	33.							177,504	J	3,002
Division Director, Legal Services	40.					Х		176,904	О	21,064
(53) Kathryn Shaw								,		
Former CFO	0.						Х	100,000	0	0
(54) Edward Adams										_
Former Sr Director, Editor and Publisher	0.						Χ	289,957	0	16,976
(55)										
(50)										
(56)										
(57)										
1917										
(58)										
32.7										
(59)										
(60)										
<u>(61)</u>										
(00)										
(62)										
(63)										
(03)										
(64)										_
33.7										
(65)										
(66)										
(67)										

Schedule B

(Form 990, 990-EZ, or 990-PF)

Internal Revenue Service

or 990-PF)
Department of the Treasury

Schedule of Contributors

►Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number Name of the organization American Bar Association 36-0723150 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)(6) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule $|\mathsf{X}|$ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Navigant Consulting Inc Person ___1__ **Pavroll** 1717 Arch St Noncash Philadelphia PA 19103 **\$** 471,475 Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Thomson Reuters Person __2__ 610 Opperman Dr **Payroll** Eagan MN 55123 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution __3__ LexisNexis Alumni Computer Group Person **Payroll** P.O. BOX 933 Dayton OH 45401 \$ 407,500 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Network Media Partners Inc Person 4 **Payroll** 11350 McCormick Rd Noncash Hunt Valley MD 21031 Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. American Law Institute Person 5 4025 Chestnut St **Pavroll** Philadelphia PA 19104 \$ 212,430 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.)

Part I	Contributors ((see instructions)	. Use duplic	ate copies	of Part I if	additional s	space is needed	

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Wolters Kluwer Law & Business 2700 Lake Cook Road Riverwoods IL 60015 Foreign State or Province: Foreign Country:	\$73,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Matson Driscoll & Damico 1411 Opus Place Downers Grove IL 60515 Foreign State or Province: Foreign Country:	\$50,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	Fulbright & Jaworski LLP 666 5th Ave New York NY 10103 Foreign State or Province: Foreign Country:	\$47,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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No.	Name, address, and ZIP + 4 Exponent Inc 149 Commonwealth Drive Menlo Park CA 94025 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No	Name, address, and ZIP + 4 Exponent Inc 149 Commonwealth Drive Menlo Park CA 94025 Foreign State or Province: Foreign Country: (b)	\$ 46,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 10 (a) No.	Name, address, and ZIP + 4 Exponent Inc 149 Commonwealth Drive Menlo Park CA 94025 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 LexisNexis 2935 Summitop Road NE Marietta GA 30066 Foreign State or Province:	\$ 46,500 (c) Total contributions	Person X Payroll

Part I	Contributors	(see instructions)	Use duplicate	copies of Part Lif	additional space is needed.
I alt I	Continuators	(SCC IIISH GCHOHS).	OSC duplicate	copies of Fart III	additional space is necessar.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	UnitedLex 6130 Sprint Parkway Ste 300 Overland Park KS 66211 Foreign State or Province: Foreign Country:	\$45,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	FTI Consulting 909 Commerce Road Annapolis MD 21401 Foreign State or Province: Foreign Country:	\$42,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	International Bar Association 1 Stephen Street London W1T 1 AT Foreign State or Province: London Foreign Country: United Kingdom (England, Northern Ir	\$41,751	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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No.	Name, address, and ZIP + 4 Practical Law Company, Inc. 747 Third Ave. New York NY 10017 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 16 (a)	Name, address, and ZIP + 4 Practical Law Company, Inc. 747 Third Ave. New York NY 10017 Foreign State or Province: Foreign Country: (b)	\$ 38,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 16 (a) No.	Name, address, and ZIP + 4 Practical Law Company, Inc. 747 Third Ave. New York NY 10017 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Jones Day 51 Louisiana Avenue NW Washington DC 20001 Foreign State or Province:	\$ 38,000 (c) Total contributions	Person X Payroll

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I i	f additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Arnall Golden Gregory LLP 171 17th St NW Atlanta GA 30363 Foreign State or Province: Foreign Country:	\$35,250	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	Perkins Coie LLP 1120 NW Couch St Portland OR 97209 Foreign State or Province: Foreign Country:	\$33,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	Geosyntec Consultants Inc 5901 Broken Sound Parkway Boca Raton FL 33487 Foreign State or Province: Foreign Country:	\$33,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Invest Northern Ireland 545 Bpylston St. Boston MA 02116 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 22 (a)	Name, address, and ZIP + 4 Invest Northern Ireland 545 Bpylston St. Boston MA 02116 Foreign State or Province: Foreign Country: (b)	\$ 31,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 22 (a) No.	Name, address, and ZIP + 4 Invest Northern Ireland 545 Bpylston St. Boston MA 02116 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Crowell & Moring LLP 1001 Pennsylvania Ave NW Washington DC 20004 Foreign State or Province:	\$ 31,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	Winston & Strawn LLP 35 W Wacker Dr Chicago IL 60601-1695 Foreign State or Province: Foreign Country:	\$30,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	Skadden Arps et al 4 TIMES SQUARE New York NY 10036 Foreign State or Province: Foreign Country:	\$28,750	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	Jenner & Block LLP 1099 New York Avenue NW Washington DC 20001 Foreign State or Province: Foreign Country:	\$28,250	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4 Covington & Burling LLP 1201 Pennsylvania Ave NW Washington DC 20004-2494 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 28 (a)	Name, address, and ZIP + 4 Covington & Burling LLP 1201 Pennsylvania Ave NW Washington DC 20004-2494 Foreign State or Province: Foreign Country: (b)	\$ 27,750	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 28 (a) No.	Name, address, and ZIP + 4 Covington & Burling LLP 1201 Pennsylvania Ave NW Washington DC 20004-2494 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Bloomberg LP 731 Lexington Ave New York NY 10022-1331 Foreign State or Province:	\$ 27,750 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I i	f additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Encore Discovery Solutions 10200 Grogans Mill Rd The Woodlands TX 77380 Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	Thompson Coburn LLP 1 Firstar Plz Saint Louis MO 63101-1611 Foreign State or Province: Foreign Country:	\$25,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_33	Greenberg Traurig LLP 8400 NW 36th St Miami FL 33166 Foreign State or Province: Foreign Country:	\$42,250	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No. 34	Name, address, and ZIP + 4 Egorov Puginsky Afanasiev & Partners 22-24 Nevsky Pr Foreign State or Province: St Petersburg Foreign Country: Russia	Total contributions \$23,747	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
-	Egorov Puginsky Afanasiev & Partners 22-24 Nevsky Pr Foreign State or Province: St Petersburg		Person X Payroll Noncash (Complete Part II if there is
34 (a)	Egorov Puginsky Afanasiev & Partners 22-24 Nevsky Pr Foreign State or Province: St Petersburg Foreign Country: Russia (b)	\$23,747	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Egorov Puginsky Afanasiev & Partners 22-24 Nevsky Pr Foreign State or Province: St Petersburg Foreign Country: Russia (b) Name, address, and ZIP + 4 Alston & Bird LLP 1201 W Peachtree St NW Atlanta GA 30309-3471 Foreign State or Province:	\$ 23,747 (c) Total contributions	Person X Payroll

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	JAMS 1920 Main St Suite 300 Irvine CA 92614 Foreign State or Province: Foreign Country:	\$21,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	Shook Hardy & Bacon LLP 2555 Grand Blvd Kansas City MO 64108 Foreign State or Province: Foreign Country:	\$21,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 39	WilmerHale 1875 Pennsylvania Ave NW Washington DC 20006-3642 Foreign State or Province: Foreign Country:	\$ 21,200	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	Rothstein Kass Etal		Person X
40	4 Becker Farm Road Roseland NJ 07068 Foreign State or Province: Foreign Country:	\$20,700	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	4 Becker Farm Road Roseland NJ 07068 Foreign State or Province:	\$ 20,700 (c) Total contributions	Payroll Noncash (Complete Part II if there is
(a)	4 Becker Farm Road Roseland NJ 07068 Foreign State or Province: Foreign Country: (b)	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	4 Becker Farm Road Roseland NJ 07068 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 American Arbitration Association 1633 Broadway Chicago IL 60606 Foreign State or Province:	(c) Total contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	Clifford Law Offices 120 N LaSalle Street 31st Floor Chicago IL 60602 Foreign State or Province: Foreign Country:	\$20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	CNA 5901 College Blvd Overland Park KS 66212 Foreign State or Province: Foreign Country:	\$20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	Gregory P Joseph 485 Lexington Ave New York NY 10017-2635 Foreign State or Province: Foreign Country:	\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 KCIC 1100 New York Ave NW Washington DC 20005 Foreign State or Province:	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II if there is
No46	Name, address, and ZIP + 4 KCIC 1100 New York Ave NW Washington DC 20005 Foreign State or Province: Foreign Country: (b)	\$ 20,000	Type of contribution Person X Payroll
No. 46 (a) No.	Name, address, and ZIP + 4 KCIC 1100 New York Ave NW Washington DC 20005 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Banner & Witcoff Ltd 1100 13th St NW Washington DC 20005-4008 Foreign State or Province:	\$ 20,000 (c) Total contributions	Type of contribution Person X Payroll

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	Wolf Theiss Schubertring 6 Foreign State or Province: Vienna Foreign Country: Austria	\$ <u>17,815</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	Wiley Rein LLP 1776 K St NW Washington DC 20006-2304 Foreign State or Province: Foreign Country:	\$ <u>17,750</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	Venable LLP 575 7th St NW Library 10 E Washington DC 20004-1607 Foreign State or Province: Foreign Country:	\$17,500_	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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No.	Name, address, and ZIP + 4 William Fry Wilton Place Foreign State or Province: Dublin	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 52	Name, address, and ZIP + 4 William Fry Wilton Place Foreign State or Province: Dublin Foreign Country: Ireland (b)	\$ 17,121	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 52 (a) No.	Name, address, and ZIP + 4 William Fry Wilton Place Foreign State or Province: Dublin Foreign Country: Ireland (b) Name, address, and ZIP + 4 Sedgwick LLP 135 Main St San Francisco CA 94105 Foreign State or Province:	\$ 17,121 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Part I Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	Proskauer Rose LLP 2049 Century Park E Ste 3200 Los Angeles CA 90067-3206 Foreign State or Province: Foreign Country:	\$16,708	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56	Nardello & Co LLC 19 W 44th St New York NY 10036-5900 Foreign State or Province: Foreign Country:	\$16,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 57	Cozen O'Connor 1900 Market St Philadelphia PA 19103 Foreign State or Province: Foreign Country:	\$16,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Morgan Lewis & Bockius LLP 1111 Pennsylvania Ave NW Washington DC 20004-2541 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 58 (a)	Morgan Lewis & Bockius LLP 1111 Pennsylvania Ave NW Washington DC 20004-2541 Foreign State or Province: Foreign Country: (b)	\$ 16,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 58 (a) No.	Name, address, and ZIP + 4 Morgan Lewis & Bockius LLP 1111 Pennsylvania Ave NW Washington DC 20004-2541 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Holland & Knight LLP 201 N Franklin St Tampa FL 33602-5182 Foreign State or Province:	\$ 16,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	College of Commercial Arbitrators P.O. BOX 4646 Austin TX 78765 Foreign State or Province: Foreign Country:	\$15,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	Industrial Development Agency (IDA) 345 Park Ave. 17th Fl. New York NY 10154 Foreign State or Province: Foreign Country:	\$15,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	McCammon Group 111 E Main St Ste 1700 Richmond VA 23219 Foreign State or Province: Foreign Country:	\$15,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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No.	Name, address, and ZIP + 4 Rocket Lawyer Inc 182 Howard St #830 San Francisco CA 94105 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 64 (a)	Name, address, and ZIP + 4 Rocket Lawyer Inc 182 Howard St #830 San Francisco CA 94105 Foreign State or Province: Foreign Country: (b)	Total contributions \$15,000 (c)	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Name, address, and ZIP + 4 Rocket Lawyer Inc 182 Howard St #830 San Francisco CA 94105 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 TechLaw 2 Stedman Way Albany NY 12211 Foreign State or Province:	\$ 15,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions**

. 67	Snell & Wilmer LLP 400 E Van Buren St Phoenix AZ 85004-2269 Foreign State or Province: Foreign Country:	\$14,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	Sheppard Mullin et al 13001 I Street NW Washington DC 20005 Foreign State or Province: Foreign Country:	\$14,200	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	Carlock Copeland & Stair 191 Peachtree Street NE Atlanta GA 30303 Foreign State or Province: Foreign Country:	\$ 14,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	Davis Wright Tremaine LLP 1501 Fourth Ave Seattle WA 98101-1688 Foreign State or Province: Foreign Country:	\$14,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	Getting the Deal Through 87 Lancaster Road W11 100 Foreign State or Province: London Foreign Country: United Kingdom (England, Northern Ir	\$14,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	Hinshaw & Culbertson LLP		Person X

36-0723150 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 73 **Pavroll** Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 74 Fastcase Inc 1155 15th Street NW **Payroll** Noncash Washington DC 20006 Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (b) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 75 Latham & Watkins LLP Person **Payroll** 555 W 5th St Los Angeles CA 90013-1021 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Deloitte Services Person 76 **Payroll** 4022 Sells Drive Noncash Hermitage TN 37076 Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Minnesota Lawyers Mutual Insurance Co Person 77 333 S 7th St **Pavroll** Minneapolis MN 55402-2451 \$ 12,500 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 78 Quest Consulting Person Χ 4747 Bellaire Blvd **Payroll** Bellaire TX 77401 \$ 12,500 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.)

Name of organization

American Bar Association

36-0723150

American Bar Association 36-0723150 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person 79 **Pavroll** Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Woodard & Curran Person 80 **Payroll** 41 Hutchins Drive Noncash Portland ME 04102 Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 81 Person Christie's **Payroll** 20 Rockerfeller Plaza New York NY 10020 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Davis Polk & Wardwell LLP Person 82 **Payroll** 450 Lexington Ave New York NY 10017-3919 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. DeBevoise & Plimpton/NY Person 83 919 3rd Ave **Pavroll** New York NY 10022 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 84 Faegre Baker Daniels LLP Person Χ **Payroll** 90 S 7th Street Minneapolis MN 55402 \$ 12,000 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	Farella Braun & Martel LLP 235 Montgomery St San Francisco Foreign State or Province: Foreign Country:	\$12,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 86	Hogan Lovells 555 13th St NW Washington DC 20004-1109 Foreign State or Province: Foreign Country:	\$12,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	NASPO 201 East Main Street Lexington KY 40507 Foreign State or Province: Foreign Country:	\$ 12,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	` ,		
No.	Name, address, and ZIP + 4 New York State Bar Association 1 Elk St Albany NY 12207-1002 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 88 (a)	Name, address, and ZIP + 4 New York State Bar Association 1 Elk St Albany NY 12207-1002 Foreign State or Province: Foreign Country: (b)	\$ 12,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Name, address, and ZIP + 4 New York State Bar Association 1 Elk St Albany NY 12207-1002 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Software Technology 1621 Cushman Drive Lincoln NE 68512 Foreign State or Province:	\$ 12,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	Jackson Walker LLP 901 Main St Dallas TX 75202-3797 Foreign State or Province: Foreign Country:	\$11,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	Outten & Golden LLP 3 Park Ave New York NY 10016-5902 Foreign State or Province: Foreign Country:	\$11,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	Federal Communications Bar Association 1020 19th Street Washington DC 20036 Foreign State or Province: Foreign Country:	\$1 <u>1,329</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	Reed Smith 10 S Wacker Dr Chicago IL 60606-7453 Foreign State or Province: Foreign Country:	\$11, <u>250</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
94 (a) No.	10 S Wacker Dr Chicago IL 60606-7453 Foreign State or Province:	\$11,250 (c) Total contributions	Payroll Noncash (Complete Part II if there is
(a)	10 S Wacker Dr Chicago IL 60606-7453 Foreign State or Province: Foreign Country: (b)	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	10 S Wacker Dr Chicago IL 60606-7453 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Howard Frazier Barker Elliot, Inc 815 Walker Houston TX 77002 Foreign State or Province:	(c) Total contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

Part I	Contributors	(see instructions)). Use duplicate d	copies of Part I	if additional space is needed
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	Nathan Associates, Inc. 2101 Wilson Blvd Arlington VA 22201 Foreign State or Province: Foreign Country:	\$11,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	Nemecek & Cole 15260 Ventura Blvd Sherman Oaks CA 91403 Foreign State or Province: Foreign Country:	\$11,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	Vinson & Elkins LLP 2001 Ross Avenue Dallas TX 75201-2916 Foreign State or Province: Foreign Country:	\$11,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_100	Stroz Friedberg 32 Avenue of the Americas New York NY 10013 Foreign State or Province: Foreign Country:	\$10,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	32 Avenue of the Americas New York NY 10013 Foreign State or Province:	\$ 10,500 (c) Total contributions	Payroll Noncash (Complete Part II if there is
(a)	32 Avenue of the Americas New York NY 10013 Foreign State or Province: Foreign Country: (b)	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	32 Avenue of the Americas New York NY 10013 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 KPMG 2001 M Street NW Washington DC 20007 Foreign State or Province:	(c) Total contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

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Part I	Contributors (see instructions)	Use duplicate copies of Part Lif additional space in	s needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	Avvo 1218 3rd Ave Seattle WA 98101-3097 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104_	Baker Donelson Bearman Etal 201 St Charles Ave Ste 3600 New Orleans LA 70170 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105_	Biodynamic Research Corp. 5711 University Heights Blvd. San Antonio TX 78249 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Brownstein Hyatt Farber Schreck 410 17th St Denver CO 80202-4432 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 106	Name, address, and ZIP + 4 Brownstein Hyatt Farber Schreck 410 17th St Denver CO 80202-4432 Foreign State or Province: Foreign Country: (b)	\$ 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 106 (a) No.	Name, address, and ZIP + 4 Brownstein Hyatt Farber Schreck 410 17th St Denver CO 80202-4432 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Bruce R. Wildermuth 150 E 42nd St New York NY 10017-5639 Foreign State or Province:	\$ 10,000 (c) Total contributions	Person X Payroll

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109_	DLD Lawyers 150 Alhambra Circle Miami FL 33134 Foreign State or Province: Foreign Country:	\$ 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	Empire Valuation Consultants 777 Canal View Blvd Ste 200 Rochester NY 14623 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111	Fragomen, Del Rey, Bernsen & Loewy LLP 515 Madison Avenue New York NY 10022 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Coudings Laflaur 9 Handaras LLD		Person X
112	Gowlings Lafleur & Henderson LLP 100 King St W Toronto ON M5X 1G5 Foreign State or Province: Ontario Foreign Country: Canada	\$	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	100 King St W Toronto ON M5X 1G5 Foreign State or Province: Ontario	\$ 10,000 (c) Total contributions	Payroll Noncash (Complete Part II if there is
(a)	100 King St W Toronto ON M5X 1G5 Foreign State or Province: Ontario Foreign Country: Canada (b)	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Toronto ON M5X 1G5 Foreign State or Province: Ontario Foreign Country: Canada (b) Name, address, and ZIP + 4 Hanover 333 W Pierce Rd Itasca IL 60143 Foreign State or Province:	(c) Total contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person A Payroll Noncash (Complete Part II if there is

Part I	Contributors (see instruction	ns). Use duplicate copies of Part	I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	Historical Research Associates PO Box 7086 Missoula MT 59807-7986 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	JP Morgan Chase One Bank One Plaza Chicago IL 60670 Foreign State or Province: Foreign Country:	\$20,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
			/ N
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Justia Inc 1380 Pear Ave Mountain View CA 94043 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No118 (a)	Name, address, and ZIP + 4 Justia Inc 1380 Pear Ave Mountain View CA 94043 Foreign State or Province: Foreign Country: (b)	\$ 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 118 (a) No.	Name, address, and ZIP + 4 Justia Inc 1380 Pear Ave Mountain View CA 94043 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Litigation Management Inc 300 Allen Bradley Dr Mayfield Heights OH 44124 Foreign State or Province:	\$ 10,000 (c) Total contributions	Person X Payroll

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	MLex 535 Fifth Ave., 4th Floor New York NY 10017 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122_	Morrison Foerster Library 2000 Pennsylvania Ave NW Washington DC 20006-1888 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	National Corporate Research Ltd 10 East 40th Street 10th FI New York NY 10016 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Peter Sherwin 11 Times Sq New York NY 10036-6581 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No	Name, address, and ZIP + 4 Peter Sherwin 11 Times Sq New York NY 10036-6581 Foreign State or Province: Foreign Country: (b)	\$ 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 124 (a) No.	Name, address, and ZIP + 4 Peter Sherwin 11 Times Sq New York NY 10036-6581 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Shareholder Representative Services 601 Montgomery St San Francisco CA 94111-2640 Foreign State or Province:	\$ 10,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	Tydings & Rosenberg LLP 100 E Pratt St Baltimore MD 21202-1097 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128	VMG Health 2515 McKinney Ave Dallas TX 75201 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129_	White & Case LLP 1155 Avenue of the Americas New York NY 10036 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	Morrison & Foerster LLP 12531 High Bluff Dr Ste 100 San Diego CA 92130-3014 Foreign State or Province: Foreign Country:	\$9,750	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
130 (a) No.	12531 High Bluff Dr Ste 100 San Diego CA 92130-3014 Foreign State or Province:	\$	Payroll Noncash (Complete Part II if there is
(a)	12531 High Bluff Dr Ste 100 San Diego CA 92130-3014 Foreign State or Province: Foreign Country: (b)	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	12531 High Bluff Dr Ste 100 San Diego CA 92130-3014 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Bingham McCutchen LLP 1 Federal St Boston MA 02110-2012 Foreign State or Province:	(c) Total contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	Ballard Spahr LLP 100 City Pkwy Las Vegas NV 89106-4603 Foreign State or Province: Foreign Country:	\$ <u>9,410</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134	McKenna Long & Aldridge LLP 303 Peachtree St NE Atlanta GA 30308-3201 Foreign State or Province: Foreign Country:	\$9,250	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_135	Robinson & Cole LLP 280 Trumbull St Hartford CT 06103-3597 Foreign State or Province: Foreign Country:	\$9, <u>250</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 FedEx Corporation 3620 Hacks Cross Rd Memphis TN 38125-7103 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 136 (a)	Name, address, and ZIP + 4 FedEx Corporation 3620 Hacks Cross Rd Memphis TN 38125-7103 Foreign State or Province: Foreign Country: (b)	\$ 9,225	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 136 (a) No.	Name, address, and ZIP + 4 FedEx Corporation 3620 Hacks Cross Rd Memphis TN 38125-7103 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Berkeley Research Group 2200 Powell Street Emeryville CA 94608 Foreign State or Province:	\$ 9,225 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Part I Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139_	Graham Curtin 4 HEADQUARTERS PLZ MORRISTOWN NJ 07960-3963 Foreign State or Province: Foreign Country:	\$9,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140	Hiscox Inc 711 Westchester Ave White Plains NY 10601 Foreign State or Province: Foreign Country:	\$9,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141	Keller Landsberg PA 500 E Broward Blvd Fort Lauderdale FL 33394 Foreign State or Province: Foreign Country:	\$9,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4 Kelley Drye & Warren LLP 1010 Santa Monica Blvd Los Angeles CA 90067 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 142 (a)	Name, address, and ZIP + 4 Kelley Drye & Warren LLP 1010 Santa Monica Blvd Los Angeles CA 90067 Foreign State or Province: Foreign Country: (b)	\$ 9,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 142 (a) No.	Name, address, and ZIP + 4 Kelley Drye & Warren LLP 1010 Santa Monica Blvd Los Angeles CA 90067 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Morrison Mahoney LLP 250 Summer St Boston MA 02210-1181 Foreign State or Province:	\$ 9,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	William G. Malley 1333 New Hampshire Ave NW Washington DC 20036-1511 Foreign State or Province: Foreign Country:	\$9,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146	Levine Sullivan Koch & Schulz LLP 1050 17th Street Washington DC 20036-5514 Foreign State or Province: Foreign Country:	\$8,750	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147	Bessemer Trust 630 Fifth Ave New York NY 10111 Foreign State or Province: Foreign Country:	\$8,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	• •		
No.	Name, address, and ZIP + 4 BNA Books 1801 S Bell St Arlington VA 22202-4506 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No148 (a)	Name, address, and ZIP + 4 BNA Books 1801 S Bell St Arlington VA 22202-4506 Foreign State or Province: Foreign Country: (b)	Total contributions \$8,500 (c)	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 148 (a) No.	Name, address, and ZIP + 4 BNA Books 1801 S Bell St Arlington VA 22202-4506 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Charles River Associates 200 Clarendon Street T-33 Boston MA 02116 Foreign State or Province:	\$ 8,500 (c) Total contributions	Person X Payroll

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	Fiduciary Trust Company 600 Fifth Avenue New York NY 10020 Foreign State or Province: Foreign Country:	\$8,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152	Kilpatrick Townsend & Stockton LLP 607 14th Street NW Ste 900 Washington DC 20005-2018 Foreign State or Province: Foreign Country:	\$8,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153	Parsons Behle & Latimer 201 S Main St Salt Lake City Foreign State or Province: Foreign Country:	\$8,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	Skalaff & Walfa DC		D arrage V
<u>154</u>	Skoloff & Wolfe PC 293 Eisenhower Pkwy Livingston NJ 07039-1719 Foreign State or Province: Foreign Country:	\$ 8,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	293 Eisenhower Pkwy Livingston NJ 07039-1719 Foreign State or Province:	\$ 8,500 (c) Total contributions	Payroll Noncash (Complete Part II if there is
(a)	293 Eisenhower Pkwy Livingston NJ 07039-1719 Foreign State or Province: Foreign Country: (b)	(c)	Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	293 Eisenhower Pkwy Livingston NJ 07039-1719 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Portocano Colella Cavallo Law Firm Via Santa maria In Via 12 Foreign State or Province: Rome	(c) Total contributions	Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>. 157</u>	Bennett Jones LLP 855 2nd Street SW Foreign State or Province: Calgary Foreign Country: Canada	\$8,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158	Brown McCarroll LLP 111 Congress Ave Austin TX 78701-4093 Foreign State or Province: Foreign Country:	\$8,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159_	Greenberg Traurig 333 Avenue of the Americas Miami FL 33131 Foreign State or Province: Foreign Country:	\$8,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· ,		
No.	Name, address, and ZIP + 4 Guidepost Solutions LLC 415 Madison Avenue, 17th Floor New York NY 10017 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 160	Name, address, and ZIP + 4 Guidepost Solutions LLC 415 Madison Avenue, 17th Floor New York NY 10017 Foreign State or Province: Foreign Country: (b)	\$ 8,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 160 (a) No.	Name, address, and ZIP + 4 Guidepost Solutions LLC 415 Madison Avenue, 17th Floor New York NY 10017 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 SEA Limited 7349 Worthington-Galena Road Columbus OH 43085 Foreign State or Province:	\$ 8,000 (c) Total contributions	Person X Payroll

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163_	Arthur Cox Earlsfor Terrace Foreign State or Province: Dublin Foreign Country: Ireland	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164_	Baker & McKenzie 300 E Randolph St Chicago IL 60601-5014 Foreign State or Province: Foreign Country:	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165	Smith Pachter McWhorter PLC 8000 Towers Crescent Drive Vienna VA 22182 Foreign State or Province: Foreign Country:	\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4 Womble Carlyle 1 W 4th St Winston Salem NC 27101-3818 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 166 (a)	Name, address, and ZIP + 4 Womble Carlyle 1 W 4th St Winston Salem NC 27101-3818 Foreign State or Province: Foreign Country: (b)	\$ 7,750	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 166 (a) No.	Name, address, and ZIP + 4 Womble Carlyle 1 W 4th St Winston Salem NC 27101-3818 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 284 Partners LLC 339 E Liberty Ste 340 Ann Arbor MI 48104 Foreign State or Province:	\$ 7,750 (c) Total contributions	Person X Payroll

Part I	Contributors	(see instructions).	Use duplicate	copies of Part	I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169_	Aspen Specialty Insurance 260 Madison Ave New York NY 10016 Foreign State or Province: Foreign Country:	\$7,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
170	BuckleySandler LLP 1250 24th St NW Washington DC 20037-1222 Foreign State or Province: Foreign Country:	\$7,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
171	Butler Snow et al PO Box 6010 Ridgeland MS 39158-6010 Foreign State or Province: Foreign Country:	\$ <u>7,500</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Eppley Court Reporting LLC 10 Heron Ln Hopedale MA 01747-1444 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 172	Name, address, and ZIP + 4 Eppley Court Reporting LLC 10 Heron Ln Hopedale MA 01747-1444 Foreign State or Province: Foreign Country: (b)	Total contributions \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 172 (a) No.	Name, address, and ZIP + 4 Eppley Court Reporting LLC 10 Heron Ln Hopedale MA 01747-1444 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Honigman Miller et al 660 Woodward Ave Detroit MI 48226 Foreign State or Province:	\$ 7,500 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Liskow & Lewis Person 175 **Pavroll** 701 Poydras Street Noncash New Orleans LA 70139 Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (b) (c) (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Rust Consulting Inc Person 176 625 Marquette Ave **Payroll** Minneapolis MN 55402 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 177 Tax Analysts Person **Payroll** 400 S Maple Avenue Suite 400 Falls Church VA 22046 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Themis Solutions Inc Person 178 332 Lonsdale Avenue **Payroll** Noncash Foreign State or Province: North Vancouver (Complete Part II if there is Foreign Country: Canada a noncash contribution.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Thompson & Knight LLP Person 179 39533 Woodward Ave **Pavroll** Bloomfield Hills MI 48304 Noncash Foreign State or Province: (Complete Part II if there is Foreign Country: a noncash contribution.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution

Christiana Trust

3801 Kennett Pike C200

Greenville DE 19807

Foreign State or Province:

Foreign Country:

180

Person

Payroll

Noncash

(Complete Part II if there is

a noncash contribution.)

\$ 7,000

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Part I	Contributors	(see instructions).	Use duplicate	copies of Part	I if additional space is	s needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
181	Clyde & Co LLP 405 Lexington Avenue New York Foreign State or Province: Foreign Country:	\$7,000	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
182	Elizabeth Van Schilfgaarde 1 Rockefeller Plz New York NY 10020-2110 Foreign State or Province: Foreign Country:	\$7,000	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
183	Huron Consulting Group 550 W Van Buren St Chicago IL 60607 Foreign State or Province: Foreign Country:	\$7,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
	1			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
No.	Name, address, and ZIP + 4 Kaye Scholer LLP 425 Park Ave New York NY 10022-3598 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is	
No	Name, address, and ZIP + 4 Kaye Scholer LLP 425 Park Ave New York NY 10022-3598 Foreign State or Province: Foreign Country: (b)	Total contributions \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
No. 184 (a) No.	Name, address, and ZIP + 4 Kaye Scholer LLP 425 Park Ave New York NY 10022-3598 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Rivkin Radler LLP 926 RXR Plaza Uniondale NY 11556 Foreign State or Province:	\$ 7,000 (c) Total contributions	Person X Payroll	

Name of organization

American Bar Association

36-0723150

American Bar Association 36-0723150

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and ZIF + 4	Total contributions	Type of contribution
<u>187</u>	Saul Ewing, LLP 100 South Charles Street Baltimore MD 21201 Foreign State or Province: Foreign Country:	\$6,800	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>. 188</u>	Blank Rome LLP 1 Logan Sg Philadelphia PA 19103 Foreign State or Province: Foreign Country:	\$6,500	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 189	Cooley LLP 4401 Eastgate Mall San Diego CA 92121 Foreign State or Province: Foreign Country:	\$6,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Fox Rothschild LLP 1030 15th Street NW Ste 380 East Washington DC 20005 Foreign State or Province:	Total contributions	Type of contribution Person X Payroll
No. 190	Name, address, and ZIP + 4 Fox Rothschild LLP 1030 15th Street NW Ste 380 East Washington DC 20005 Foreign State or Province: Foreign Country: (b)	Total contributions \$ 6,500	Type of contribution Person X Payroll
No. 190 (a) No.	Name, address, and ZIP + 4 Fox Rothschild LLP 1030 15th Street NW Ste 380 East Washington DC 20005 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Fried Frank et al 801 17th St NW Lafayette Twr Washington DC 20006 Foreign State or Province:	\$ 6,500 (c) Total contributions	Person X Payroll

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
193	Slack & Davis 2705 Bee Cave Rd Austin TX 78746-5685 Foreign State or Province: Foreign Country:	\$ 6,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
194	McGuireWoods LLP 1 James Ctr Richmond VA 23219-4089 Foreign State or Province: Foreign Country:	\$6,250	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
195	Shearman & Sterling LLP 599 Lexington Ave New York NY 10022-6069 Foreign State or Province: Foreign Country:	\$6,250	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
196_	ERS Group 4901 Tower Court Tallahassee FL 32303-7995 Foreign State or Province: Foreign Country:	\$6,200	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
197_	Nexsen Pruet LLC PO Box 2426 Columbia SC 29202-2426 Foreign State or Province: Foreign Country:	\$ 6,086	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_198	Airbus Americas Inc 198 Van Buren St Herndon VA 20170-5338 Foreign State or Province:	\$6,000	Person X Payroll Noncash (Complete Part II if there is

	<u> </u>		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	Butler Pappas et al 777 S Harbour Island Blvd Tampa FL 33602-5723 Foreign State or Province: Foreign Country:	\$6,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
200_	Chancery Chambers Chancery House High Street BB11128 Foreign State or Province: Bridgetown Foreign Country: Barbados	\$6,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
201	Duane Morris LLP 1 Market Plz San Francisco CA 94105-1127 Foreign State or Province: Foreign Country:	\$6,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(c)	/b\	(-)	(-1)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Hawkins Parnell Thackston & Young LLP 4514 Cole Ave Ste 500 Dallas TX 75205 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 202 (a)	Name, address, and ZIP + 4 Hawkins Parnell Thackston & Young LLP 4514 Cole Ave Ste 500 Dallas TX 75205 Foreign State or Province: Foreign Country: (b)	\$ 6,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 202 (a) No.	Name, address, and ZIP + 4 Hawkins Parnell Thackston & Young LLP 4514 Cole Ave Ste 500 Dallas TX 75205 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 IT.COM Inc 1100 Connecticut Ave NW Ste 310 Washington DC 20036-4136 Foreign State or Province:	\$ 6,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
205	Karl Hepp de Sevelinges 120 W 45th St New York Foreign State or Province: Foreign Country:	\$6,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
206	Klinedinst PC 501 W Broadway Ste 600 San Diego CA 92101 Foreign State or Province: Foreign Country:	\$6,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
207	Pillsbury 2300 N St NW Washington DC 20037 Foreign State or Province: Foreign Country:	\$6,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	· o.o.g.· oou).		a noncastr contribution.)
(a) No.	(b)	(c) Total contributions	(d)
(a) No. 208		(c) Total contributions \$6,000	,
No.	(b) Name, address, and ZIP + 4 Robert G Kreklewetz 24 Duncan St M5V 2B8 Foreign State or Province: Toronto	Total contributions	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is
No208	(b) Name, address, and ZIP + 4 Robert G Kreklewetz 24 Duncan St M5V 2B8 Foreign State or Province: Toronto Foreign Country: Canada (b)	\$ 6,000	(d) Type of contribution Person X Payroll
No208	(b) Name, address, and ZIP + 4 Robert G Kreklewetz 24 Duncan St M5V 2B8 Foreign State or Province: Toronto Foreign Country: Canada (b) Name, address, and ZIP + 4 The Dow Chemical Company 2030 Dow Ctr Midland MI 48674-0001 Foreign State or Province:	\$ 6,000 (c) Total contributions	(d) Type of contribution Person X Payroll
No. 208 (a) No. 209	(b) Name, address, and ZIP + 4 Robert G Kreklewetz 24 Duncan St M5V 2B8 Foreign State or Province: Toronto Foreign Country: Canada (b) Name, address, and ZIP + 4 The Dow Chemical Company 2030 Dow Ctr Midland MI 48674-0001 Foreign State or Province: Foreign Country: (b)	\$ 6,000 Total contributions (c) Total contributions	Person Payroll Noncash (Complete Part a noncash cont Person Payroll Noncash (Complete Part a noncash cont (d) Type of co

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
211_	The Kenrich Group LLC 1919 M St NW Ste 620 Washington DC 20036-3521 Foreign State or Province: Foreign Country:	\$5,750	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
212	Baker Botts LLP 910 Louisiana St Houston TX 77002-4991 Foreign State or Province: Foreign Country:	\$ <u>5,500</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
213	Broad and Cassel 1 Financial Plz Fort Lauderdale Foreign State or Province: Foreign Country:	\$5,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
214	McGlinchey Stafford PLLC 601 Poydras St Fl 12 New Orleans LA 70130 Foreign State or Province: Foreign Country:	\$5,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
215_	Neal Gerber & Eisenberg 2 N La Salle St Chicago IL 60602-3963 Foreign State or Province: Foreign Country:	\$5,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions	Type of contribution

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I i	f additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_217	Promantory Financial Group 801 17th St NW Washington DC 20006 Foreign State or Province: Foreign Country:	\$5,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
218_	Squire Sanders 127 Public Sq Cleveland OH 44114 Foreign State or Province: Foreign Country:	\$5,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_219	Thomas G.Oaks Associates 535 Route 38 East Cherry Hill NJ 08002 Foreign State or Province: Foreign Country:	\$5,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Eckert Seamans et al 600 Grant St Pittsburgh PA 15219-2713 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. _ 220 _ (a)	Name, address, and ZIP + 4 Eckert Seamans et al 600 Grant St Pittsburgh PA 15219-2713 Foreign State or Province: Foreign Country: (b)	Total contributions \$5,425 (c)	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No	Name, address, and ZIP + 4 Eckert Seamans et al 600 Grant St Pittsburgh PA 15219-2713 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 McCarter & English LLP 100 Mulberry Street Newark NJ 07102-4056 Foreign State or Province:	\$ 5,425 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
223	Young Conaway et al 1000 N King St Wilmington DE 19801-3335 Foreign State or Province: Foreign Country:	\$5,250	Person X Payroll		
(a) No.	(b) (c) Name, address, and ZIP + 4 Total contributions		· · ·	· ·	(d) Type of contribution
224_	Wolters Kluwer 111 8th Avenue New York NY 10011 Foreign State or Province: Foreign Country:	\$ <u>5,194</u>	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_225	Airports Council Intrnl North America 1775 K Street NW Suite 500 Washington DC 20006 Foreign State or Province: Foreign Country:	\$5,175	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
No.	Name, address, and ZIP + 4 A.B. Data Ltd. 1009 Cumberland Avenue San Leandro CA 94579 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is		
No. 226 (a)	Name, address, and ZIP + 4 A.B. Data Ltd. 1009 Cumberland Avenue San Leandro CA 94579 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
No226 (a) No.	Name, address, and ZIP + 4 A.B. Data Ltd. 1009 Cumberland Avenue San Leandro CA 94579 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Agustin Urdapilleta Paseo de la Reforma 265 Foreign State or Province: Mexico	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is		

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I	if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
229_	American Univ College of Law 4801 Massachusetts Ave NW Washington DC 20016-8192 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
230	Appleby PO Box HM 1179 Foreign State or Province: Hamilton HM EX Foreign Country: Bermuda	\$5,000	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
231	Appraiser & Planners 9 E 40th Street New York NY 10016 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
No.	Name, address, and ZIP + 4 ARCADIS 9861 Broken Land Pkwy Columbia MD 21046-3041 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is	
No. _232	Name, address, and ZIP + 4 ARCADIS 9861 Broken Land Pkwy Columbia MD 21046-3041 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)	
No232	Name, address, and ZIP + 4 ARCADIS 9861 Broken Land Pkwy Columbia MD 21046-3041 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Atlantic Trust 1177 Avenue of the Americas New York NY 10036 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is	

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I i	f additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
235	Baker Hostetler LLP 1050 Connecticut Ave NW Washington DC 20036 Foreign State or Province: Foreign Country:	\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
236	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
237	Baumeister & Samuels PC 1 Exchange Plz New York NY 10006-3746 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	/ -\		4.0
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Bock & Clark Corporation 537 N Cleveland-Massillon Rd Akron OH 44333 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. _ 238 (a)	Name, address, and ZIP + 4 Bock & Clark Corporation 537 N Cleveland-Massillon Rd Akron OH 44333 Foreign State or Province: Foreign Country: (b)	Total contributions \$5,000 (c)	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No238 (a) No.	Name, address, and ZIP + 4 Bock & Clark Corporation 537 N Cleveland-Massillon Rd Akron OH 44333 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Bowles Rice et al 600 Quarrier St Charleston WV 25301-2121 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_241	Burnside Environmental Group LLC PO Box 1052 Clarksville AR 72830-1052 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
242	CAREY & CO Miraflores 222 Foreign State or Province: Santiago Foreign Country: Chile	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
243_	Central Law 15 avenida 18-28 zona 13 Foreign State or Province: GT Foreign Country: Guatemala	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	` ,		
No.	Name, address, and ZIP + 4 Charlotte School of Law 2145 Suttle Ave Charlotte NC 28208-5237 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No244	Name, address, and ZIP + 4 Charlotte School of Law 2145 Suttle Ave Charlotte NC 28208-5237 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 244 (a) No.	Name, address, and ZIP + 4 Charlotte School of Law 2145 Suttle Ave Charlotte NC 28208-5237 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Chess Consulting LLC 11955 Freedom Drive Reston VA 20190 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Part I	Contributors	(see instructions).	Use duplicate copi	es of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
247	Chubb Specialty Services 82 Hopmeadow St Simsbury CT 06070 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
248	Connell Foley LLP 85 Livingston Ave Roseland NJ 07068-3790 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_249	Cooley Manion Jones LLP 21 Custom House St Boston MA 02110 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4 Cornerstone Research 353 Sacramento Street San Francisco CA 94111 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. _ 250 (a)	Name, address, and ZIP + 4 Cornerstone Research 353 Sacramento Street San Francisco CA 94111 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No250	Name, address, and ZIP + 4 Cornerstone Research 353 Sacramento Street San Francisco CA 94111 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Counter Group 1017 Turnpike St Canton MA 02021-2828 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I i	f additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
253_	Doyle New York 175 East 87th Street New York NY 10128 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
254_	Duff & Phelps 311 S Wacker Dr Ste 4200 Chicago IL 60606 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
255_	ExxonMobil Environmental & Safety Law 3225 Gallows Rd Rm 3D1512 Fairfax VA 22037-0001 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Fidelity National Title Group 601 Riverside Avenue Jacksonville FL 32204 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. _ 256 _ (a)	Name, address, and ZIP + 4 Fidelity National Title Group 601 Riverside Avenue Jacksonville FL 32204 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No256	Name, address, and ZIP + 4 Fidelity National Title Group 601 Riverside Avenue Jacksonville FL 32204 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Finnegan Henderson et al 901 New York Ave NW Washington DC 20001-4413 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
259_	Ford & Harrison 271 17th St NW Atlanta GA 30363-6202 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
260_	Fred Hahndorf 700 20th St. NW Washington DC 20052 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
261	Frost Brown Todd LLC 201 E Fifth St Cincinnati OH 45202 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Furman Kornfeld & Brennan LLP 61 Broadway New York NY 10006-2701 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 262	Name, address, and ZIP + 4 Furman Kornfeld & Brennan LLP 61 Broadway New York NY 10006-2701 Foreign State or Province: Foreign Country: (b)	Total contributions \$5,000 (c)	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No262 (a) No.	Name, address, and ZIP + 4 Furman Kornfeld & Brennan LLP 61 Broadway New York NY 10006-2701 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Gilardi & Co 3301 Kerner Blvd San Rafael CA 94901 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll

Part I	Contributors	(see instructions).	Use duplicate copi	es of Part I if additional	space is needed.
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(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Hangley Aronchick et al 1 Logan Sg Philadelphia PA 19103 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Haynes and Boone LLP 2323 Victory Park Ave Dallas TX 75219 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Heritage Auction Galleries 3500 Maple Avenue, 17th Floor Dallas TX 75219 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b)	(c)	(d) Type of contribution
History Associates Inc 300 N Stonestreet Ave Rockville MD 20850 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Hooper Lundy & Bookman PC 1875 Century Park East Los Angeles CA 90067-2799 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Huntington Ingall 4101 Washington Ave. Newport News VA 23607 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
	Name, address, and ZIP + 4 Hangley Aronchick et al 1 Logan Sg Philadelphia PA 19103 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Haynes and Boone LLP 2323 Victory Park Ave Dallas TX 75219 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Heritage Auction Galleries 3500 Maple Avenue, 17th Floor Dallas TX 75219 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 History Associates Inc 300 N Stonestreet Ave Rockville MD 20850 Foreign Country: (b) Name, address, and ZIP + 4 Hooper Lundy & Bookman PC 1875 Century Park East Los Angeles CA 90067-2799 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Hooper Lundy & Bookman PC 1875 Century Park East Los Angeles CA 90067-2799 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Huntington Ingall 4101 Washington Ave Newport News VA 23607 Foreign State or Province:	Name, address, and ZIP + 4 Total contributions

Part I Contributors (see instruct	tions). Use duplicate copies of Par	rt I if additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
271	Hunton & Williams LLP 951 East Byrd Street Richmond VA 23219 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
272	Intertrust 275 Madison Avenue, Suite 2218 New York NY 10016 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
273_	Kaufman Borgeest & Ryan LLP 120 Broadway New York NY 10271 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	` ,		
No.	Name, address, and ZIP + 4 Kenneth R Feinberg 1455 Pennsylvania Ave NW Washington DC 20004-1004 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. _274	Name, address, and ZIP + 4 Kenneth R Feinberg 1455 Pennsylvania Ave NW Washington DC 20004-1004 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. _274 	Name, address, and ZIP + 4 Kenneth R Feinberg 1455 Pennsylvania Ave NW Washington DC 20004-1004 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Kiesewetter Wise Kaplan Prather PLC 3725 Champion Hills Drive Memphis TN 38125 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_277	Kurtzman Carson Consultants 250 Royall Street Canton MA 02021 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_278	Landon IP Inc 1725 Jamieson Ave Alexandria VA 22314 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
279	Law Business Research 87 Lancaster W111QQ Foreign State or Province: London Foreign Country: United Kingdom (England, Northern Ir	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Lawgic LLC 4745 Sutton Park Court Jacksonville FL 32224 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 280 (a)	Name, address, and ZIP + 4 Lawgic LLC 4745 Sutton Park Court Jacksonville FL 32224 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No280	Name, address, and ZIP + 4 Lawgic LLC 4745 Sutton Park Court Jacksonville FL 32224 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Lazard Wealth Management 30 Rockefeller Plaza FI 48 New York NY 10020 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

		•	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
283	Liberty International Underwriters 55 Water Street 18th FI New York NY 10041 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_284	Lock Liddell & Sapp 2200 Ross Ave Dallas TX 75201-2748 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
285	Maryland Bar Foundation Inc 520 W Fayette St Baltimore MD 21201 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	• •		
No.	Name, address, and ZIP + 4 Maryland State Bar Association 520 W Fayette St Baltimore MD 21201 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 286 (a)	Maryland State Bar Association 520 W Fayette St Baltimore MD 21201 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No286 (a) No.	Name, address, and ZIP + 4 Maryland State Bar Association 520 W Fayette St Baltimore MD 21201 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Matthew Rushton 70 Fleet Street EC4Y 1EU Foreign State or Province: London	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_289	Millman Surveying, Inc. 1742 Georgetown Road Hudson OH 44236 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_290	Morningside Translations 450 Seventh Ave 6th FI New York NY 10123 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
291	Mutual Insurance Co 26 Victoria St Foreign State or Province: Hamilton Foreign Country: Bermuda	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Nelson Architectural Engineers 2740 Dallas Pkwy Plano TX 75093-4856 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. _292	Name, address, and ZIP + 4 Nelson Architectural Engineers 2740 Dallas Pkwy Plano TX 75093-4856 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No292	Name, address, and ZIP + 4 Nelson Architectural Engineers 2740 Dallas Pkwy Plano TX 75093-4856 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Old Republic Title Insurance Group 100 Woodbridge Center Drive Woodbridge NJ 07095-1191 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
295_	Pachulski Stang Ziehl & Jones LLP 10100 Santa Monica Blvd Los Angeles CA 90067-4114 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
296_	Patterson Belknap Webb & Tyler 1133 Avenue of the Americas New York NY 10036 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
297_	Potter Anderson & Corroon LLP 1313 N Market Street Wilmington DE 19801 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 Prince Lobel Tye LLP 100 Cambridge St Boston MA 02114-2509 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No298	Name, address, and ZIP + 4 Prince Lobel Tye LLP 100 Cambridge St Boston MA 02114-2509 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No. 298 (a) No.	Name, address, and ZIP + 4 Prince Lobel Tye LLP 100 Cambridge St Boston MA 02114-2509 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Protiviti Inc 1285 Ave of the Americas New York NY 10019 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
301_	RBC Capital Markets 60 S. Sixth Street Minneapolis MN 55402 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
302_	Resolution Economics 9250 Wilshire Blvd Beverly Hills CA 90212-3352 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_303	Rimkus Consulting Group, Inc 8 Greenway Plz Houston TX 77046-0899 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	` ,		
No.	Name, address, and ZIP + 4 San Pasqual Fiduciary Trust Co 624 S Grand Ave Ste 2625 Los Angeles CA 90017 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. _304	Name, address, and ZIP + 4 San Pasqual Fiduciary Trust Co 624 S Grand Ave Ste 2625 Los Angeles CA 90017 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No304	Name, address, and ZIP + 4 San Pasqual Fiduciary Trust Co 624 S Grand Ave Ste 2625 Los Angeles CA 90017 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Sedgwick Detert, Moran & Arnold 919 Congress Avenue Austin TX 78701 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Part I	Contributors	(see instructions).	Use duplicate	copies of Part I is	f additional space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
307_	Simpluris Inc 3176 Pullman St Costa Mesa CA 92626 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
308_	South Dakota Planning Company LLC 51 E 42nd St Ste 701 New York NY 10017 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
309	Strategic Legal Solutions 110 E 42nd St New York NY 10017 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	• •		
No.	Name, address, and ZIP + 4 The Hanover Insurance Group 100 N Parkway Worcester MA 01605 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. _310	Name, address, and ZIP + 4 The Hanover Insurance Group 100 N Parkway Worcester MA 01605 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No310	Name, address, and ZIP + 4 The Hanover Insurance Group 100 N Parkway Worcester MA 01605 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 US Trust 114 W 47TH ST NEW YORK NY 100361532 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
313	USI Affinity One International Plaza Philadelphia PA 19113 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
314	VCorp Services LLC 150 W 46TH Street New York NY 10036 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
315_	Welch Consulting 1716 Briarcrest Drive #700 Bryan TX 77802 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 William Kronenberg 88 Kearny Street San Francisco CA 94108 Foreign State or Province:	Total contributions	Person X Payroll Noncash (Complete Part II if there is
No. 316 (a)	Name, address, and ZIP + 4 William Kronenberg 88 Kearny Street San Francisco CA 94108 Foreign State or Province: Foreign Country: (b)	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
No316 (a) No.	Name, address, and ZIP + 4 William Kronenberg 88 Kearny Street San Francisco CA 94108 Foreign State or Province: Foreign Country: (b) Name, address, and ZIP + 4 Williams & Connolly LLP 725 12th St NW Washington DC 20005-5901 Foreign State or Province:	\$ 5,000 (c) Total contributions	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) Type of contribution Person X Payroll Noncash (Complete Part II if there is

Name of organization **Employer identification number**

American Bar Association 36-0723150 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>.</u> 0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 0	
		<u> </u>	

Name of org	ganization Bar Association				Employer identification number 36-0723150
Part III	Exclusively religious, charitable, etc., i total more than \$1,000 for the year. Cor For organizations completing Part III, enter contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	mplete column or the total of e ar. (Enter this i	s (a) through (e) and the exclusively religious, cha nformation once. See ins	e follow aritable,	'), (8), or (10) organizations ing line entry. etc.,
(a) No. from Part I	(b) Purpose of gift) Use of gift	(d)	Description of how gift is held
•		(e) T	ransfer of gift		
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of t	ransferor to transferee
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c)) Use of gift	(d)	Description of how gift is held
	(e) Transfer of gift				
	Transferee's name, address, and a	ZIP + 4	Relationsh	ip of t	ransferor to transferee
	For. Prov. Country				
(a) No. from Part I	(b) Purpose of gift	(c)) Use of gift	(d)	Description of how gift is held
		(a) T	ransfar of gift		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
•	Transferee's name, address, and	ZIP + 4	Relationsh	iip oi ti	ansieror to transferee
(a) Na	For. Prov. Country			1	
(a) No. from Part I	(b) Purpose of gift	(c)) Use of gift	(d)	Description of how gift is held
		(e) T	ransfer of gift	I	
	Transferee's name, address, and 2	ZIP + 4	Relationsh	ip of t	ransferor to transferee
·					
	For. Prov. Country				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047
2011

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

If the	e organization answered "Y	es" to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-	EZ, Part V, line 35c (Proxy T	ax), then
		rganizations: Complete Part III.			
	ne of organization			Employe	r identification number
	erican Bar Association		504/	\	36-0723150
		he organization is exempt und	•		rganization.
1	•	the organization's direct and indirect			
2	•				
3	volunteer nours				
Pa	rt I-B Complete if t	he organization is exempt und	er section 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organizati	on under section	4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization r	managers under s	ection 4955 ▶ \$	
3	If the organization incurre	ed a section 4955 tax, did it file Form	4720 for this yea	ır?	. Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part				
Pa		he organization is exempt und			c)(3).
1	•	expended by the filing organization	for section 527 e	xempt function	
	activities			▶ \$	
2		filing organization's funds contributed			
_	-	unction activities		•	
3	•	penditures. Add lines 1 and 2. Enter			
4		file Form 1120-POL for this year?		•	. Yes No
5		ses and employer identification num			
3		ents. For each organization listed, e			
		ontributions received that were promp			
	as a separate segregate	d fund or a political action committee	(PAC). If addition	nal space is needed, provid	le information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
				0	U
(2)				0	C
(0)				<u> </u>	
(3)				0	C
(4)					
(-)				0	C
(5)		 			_
				0	С
(6)		<u> </u>		0	(

Schedule C (Form 990 or 990-EZ) 2011

P	art II-A Complete if the organizat under section 501(h)).	ion is exempt	under section 5	601(c)(3) and file	d Form 5768 (elect	ion
A Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each name, address, EIN, expenses, and share of excess lobbying expenditures)					· .	member's
В	Check ▶ if the filing organization	checked box A	and "limited cor	trol" provisions ap	oply.	
	Limits on Lo (The term "expenditures"	bbying Expend		I.)	(a) Filing organization's totals	(b) Affiliated group totals
1a				<u>-</u>		0
b					0	
С	Total lobbying expenditures (add lines 1a	-			0	0
d	Other exempt purpose expenditures	•				0
е	Total exempt purpose expenditures (add				0	0
f	Lobbying nontaxable amount. Enter the a columns.				0	0
	If the amount on line 1e, column (a) or (b) is	: The lobbyi	ng nontaxable amo	unt is:	, and the second	
ŀ	Not over \$500,000		amount on line 1e.			
İ	Over \$500,000 but not over \$1,000,000		us 15% of the exces	s over \$500,000.		
ĺ	Over \$1,000,000 but not over \$1,500,000	\$175,000 pl	us 10% of the exces	s over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 pl	us 5% of the excess	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25	% of line 1f)			0	0
h	Subtract line 1g from line 1a. If zero or le	ss, enter -0			0	0
i	Subtract line 1f from line 1c. If zero or les				0	0
j	If there is an amount other than zero on section 4911 tax for this year?					Yes No
	(Some organizations that	made a section				
	Lobby	ing Expenditur	es During 4-Year	Averaging Period	<u>, </u>	
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount				0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))					0
С	Total lobbying expenditures				0	0
d	Grassroots nontaxable amount	_			0	0
е	Grassroots ceiling amount (150% of line 2d, column (e))					0
f	Grassroots lobbying expenditures				0	0

Schedule C (Form 990 or 990-EZ) 2011

	merican Bar Association 3 ule C (Form 990 or 990-EZ) 2011	6-0723	150		Page 3
Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	Forn	n 5768	
For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	<u> </u>	(b)
	e lobbying activity.	Yes	No	Α	mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a b	Volunteers?				
C	Media advertisements?				
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
9 h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
i	Total. Add lines 1c through 1i				C
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5).	or se	ction	
	501(c)(6).	(=)(=),		, , , , , , , , , , , , , , , , , , , ,	
					Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			. 1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			. 3	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."			III-A,	
1	Dues, assessments and similar amounts from members		1		73,639,404
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
а	Current year		2a	 	1,176,115
b	Carryover from last year		2b	 	
С	Total		2c	 	1,176,115
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	 	1,840,985
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			l	
	excess does the organization agree to carryover to the reasonable estimate of nondeductible			l	
_	lobbying and political expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		-664,870
Part		Dt II	Λ	-I Dt I	LD Bas 4
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; complete this part for any additional information.	Part II	·A; and	ı Part II	I-B, line 1.
AISO,					
		-	- -		

Americ	can Bar Association	36-0723150	
	m 990 or 990-EZ) 2011 Supplemental Information (continued)	Page	4
artiv	Cappiemental information (continued)		_
			_
			_
			-

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

2011
Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Open to Public
Inspection
Employer identification number

American Bar Association 36-0723150 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Yes No 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2011 Page **2**

Part	Organizations Maintaining C	collections of A	rt, Histor	ical Trea	asures, or O	ther S	Similar Assets	(contin	ued)	
3	Using the organization's acquisition, ac		er records,	check ar	ny of the follow	ving th	at are a significa	nt		
	use of its collection items (check all that	it apply):								
а	Public exhibition		d	Loan	or exchange p	rogra	ms			
b	Scholarly research		е	Other						
С	Preservation for future generatio	ns								
4	Provide a description of the organization Part XIV.		d explain l	now they	further the org	ganiza	tion's exempt pu	rpose in		
5	During the year, did the organization so assets to be sold to raise funds rather t							∏ Y€	es 🗔	No
Part		ngements. Com	plete if th	ne organ				ш.		1
1a	Is the organization an agent, trustee, co				ntributions or o	other a	ssets not			
	included on Form 990, Part X?			-				Ye	es	No
b	If "Yes," explain the arrangement in Pa	rt XIV and comple	ete the follo	owing tab	le:					•
							A	Amount		
С	Beginning balance					10				
d	Additions during the year					10				
e	Distributions during the year					16				
f	Ending balance					1f				0
2a b	Did the organization include an amount If "Yes," explain the arrangement in Pa	rt XIV.							es X	No
Part	V Endowment Funds. Comple		ation ans	wered "\	es" to Form	990,	Part IV, line 10			
		(a) Current year	(b) Pric		(c) Two years b	oack	(d) Three years back	(e) Fo	our years	back
1a	Beginning of year balance	8,837,086	8	,023,847						
b	Contributions	162,067		10,925						
С	Net investment earnings, gains,	040 570		000 400						
	and losses	819,572		823,463						
d	Grants or scholarships									
е	and programs									
f	Administrative expenses	89,990		21,149						
g	End of year balance	9,728,735		,837,086		0		0		
2	Provide the estimated percentage of th				column (a)) he			<u> </u>		
а	Board designated or quasi-endowment	· -	14%	`	(//					
b	Permanent endowment	71%								
С	Temporarily restricted endowment	15%								
	The percentages in lines 2a, 2b, and 2d	c should equal 10	0%.							
3a	Are there endowment funds not in the p	possession of the	organizati	on that a	re held and ac	dminis	tered for the			
	organization by:								Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)	X	
b	If "Yes" to 3a(ii), are the related organiz		-					3b	Χ	
4 Port	Describe in Part XIV the intended uses									
Part	, , ,	İ								
	Description of property	(a) Cost or ot (investm			st or other s (other)		Accumulated epreciation	(d) Bo	ook valu	е
1a	Land		0		0					0
b	Buildings		0		0		0			0
C	Leasehold improvements		0		22,588,962		10,592,664			6,298
d	Equipment	-	0		39,596,278		37,203,223			3,055
e Tatal	Other		000 Part	V!::::	2,283,416	-1.1	1,872,476			3,416
ıota	. Add lines 1a through 1e. (Column (d)	ınust equal Form :	990, Part .	л, coiumr	ا (ك), iine 10(0	<i>i).)</i> .	🕨		10,67	2,769

Schedule D (Form 990) 2011 Page **3**

Part VII	Investments—Other Securitie	es. See Form 990, Part X,	line 12.	
(a	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financia	derivatives	0		
(2) Closely-h	neld equity interests	0		
(3) Other		0		
(A)		0		
		0		
		0		
(D)		0		
(<u>E)</u>		0		
<u>(F)</u>		0		
(G)		0		
(H)		0		
(I)) must equal Form 990. Part X. col. (B) line 12.)	0		
	,	0 Con Form 000 Dort V	line 40	
Part VIII	Investments—Program Relat	ea. See Form 990, Part X		
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)		0		
(2)		0		
(3)		0		
(4)		0		
(5)		0		
(6)		0		
(7)		0		
(8)		0		
(9)		0		
(10)) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX	Other Assets. See Form 990,	-		
raitix		a) Description		(b) Book value
(1)	· · ·	a) Description		0
(2)				0
(3)				0
(4)				0
(5)				0
(6)				0
(7)				0
(8)				0
(9)				0
(10)				0
	ımn (b) must equal Form 990, Part X, o	col. (B) line 15.)	<u> </u>	0
Part X	Other Liabilities. See Form 99	0, Part X, line 25.		
1.	(a) Description of liability	(b) Book value		
	l income taxes	0		
	ed Rent Abatement	12,151,691		
(3) Other L		7,569,240		
(4) Pension		77,000,871		
	Related Organizations	27,829,457		
(6)		0		
(7)		0		
(8)		0		
(9)		0		
(10)		0		
(11)) must equal Form 000 Part V and (P) line 25)	124 551 250		
) must equal Form 990, Part X, col. (B) line 25.)	124,551,259	oo organization's financial statemen	

^{2.} FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

American Bar Association 36-0723150 Schedule D (Form 990) 2011 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 2 2 3 3 0 4 4 5 5 6 6 7 7 8 8 9 9 0 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 0 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements......... 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a b 2b С 2c d 2e 0 0 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. . . . 4a 4b 4c 0 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 0 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2a 2b b С 2c d 0 2e 3 0 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. . . . 4a 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 0 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b

complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

for Justice and Education (FJE). ABA uses the proceeds from the endowment funds to provide

a predictable stream of funding for ABA programs.

Part X Line 2 The ABA, JOB and FJE are qualified under the US Internal Revenue Code (Code)

as tax-exempt organizations or, in the case of the FJE, as a tax-exempt fund, and are

exempt from tax on income related to their tax-exempt purposes under Section 501(a) of the

Code. The ABA is exempt from income tax as an association described in Section 501(c)(6)

Part V Line 4 The endowment funds are held by a tax-exempt related organization, ABA Fund

Part XIV Supplemental Information (continued)
Section 501(c)(3).
Part X The FJE and other organizations do not have any material unrelated business income.
Accordingly, no provision for income taxes has been made in the consolidated financial
statements for the fiscal years ended August 31, 2012 and 2011.
Part X Line 2 There are no amounts of interest and penalties associated with the tax
matters that are recognized in the ABA's consolidated financial statements for the fiscal
years ended August 31, 2012 and 2011.

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public Inspection

Name of the organization					Employer identific	ation number
American Bar Association					36	-0723150
Part I General Information on Gran	ts and Assistance					
 Does the organization maintain records the selection criteria used to award the good Describe in Part IV the organization's pro 	rants or assistance?.					X Yes No
Form 990, Part IV, line 21, for a can be duplicated if additional	any recipient that rec		000. Check this box			
1 (a) Name and address of organization or government (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Pine Tree Legal Assistance 88 Federal Street, PO Box 547 Po 01-027938	7 501(c)(3)	79,890	0			
(2) South Brooklyn Legal Services 105 Court St Brooklyn, NY 11201 13-260560	5 501(c)(3)	67,536	0			
(3) University of South Carolina Sc Real Property, Trust and Estate La 57-600115	3 115 State Agency	60,000	0			
(4) Legal Aid Society of Middle TN P O Box 5209 Oak Ridge, TN 378 62-080075	6 501(c)(3)	51,997	0			
(5) Ace Mentor Program of Americ400 Main Street Stamford, CT 069 51-046587	7 501(c)(3)	50,000	0			
(6) Northwestern University Schoo 357 E Chicago Ave Chicago, IL 60 36-216781	7 501(c)(3)	30,831	0			
(7) University of Washington Scholowilliam H Gates Hall, Box 353020 91-600153	7 115 State Agency	30,588	0			
(8) National Conference of Commitation National Conference of Conference of Commitation National Conference of Conference of Commitation National Conference of Conference of Conference of Com	2 501(c)(3)	26,250	0			
(9) Yale Law School 127 Wall St New Haven, CT 0651 06-064697	3 501(c)(3)	20,000	0			
(10) AIPLEF 241 18th Street South Arlington, V 54-201967	0 501(c)(3)	17,500	0			
(11) Printing Arts 2001 W 21st St Broadview, IL 601 20-881821	4 501(c)(3)	17,000	0			
(12) Community Action Program of 601 South Queen Street Lancaste 23-166731	1 501(c)(3)	15,830	0			
Enter total number of section 501(c)(3) aEnter total number of other organizations	•					12 0

Schedule I (Form 990) (2011)

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Page	-7

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships/Awards	96	106,859	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
rt IV Supplemental Information. C	omplete this part to prov	ide the information r	equired in Part I, line	e 2, and any other addition	onal information.
t I Line 2 The ABA has recipient monitoring	procedures in place to en	sure adequate control	of funds that are awa	rded. These	
cedures include the review of grantee finance	cial and narrative reports, p	periodic on-site monit	oring of grantee progr	ams and financial	
cedures include the review of grantee finance	cial and narrative reports, pures to minimize the cash	periodic on-site monit	oring of grantee progra	ams and financial	
cedures include the review of grantee finance ration, review of cash management procedure pient audits including any deficiencies notes	cial and narrative reports, pures to minimize the cash	periodic on-site monit	oring of grantee progr	ams and financial	
cedures include the review of grantee finance ration, review of cash management procedure pient audits including any deficiencies noted to Line 2 Grant recipients typically are selected.	cial and narrative reports, pures to minimize the cash of the cash	periodic on-site monite on hand by recipients e funding agency.	oring of grantee progr	ams and financial	
cedures include the review of grantee finance ration, review of cash management procedure pient audits including any deficiencies noted to Line 2 Grant recipients typically are selected to Line 2 The majority of the scholarships a	cial and narrative reports, pures to minimize the cash of the cash of the cash of the cash of the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the cash of the cash	periodic on-site monit on hand by recipients e funding agency. ges and universities t	oring of grantee program and a	ams and financial appropriate follow-up on sare attending.	
t I Line 2 The ABA has recipient monitoring cedures include the review of grantee finance ration, review of cash management proceding in the review of cash management proceding any deficiencies noted to the Line 2 Grant recipients typically are select I Line 2 The majority of the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are remaining awards are paid as stipends to the scholarships are scholarships are remaining awards are paid as stipends to the scholarships are scholarships a	cial and narrative reports, pures to minimize the cash of the cash of the cash of the cash of the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the cash of the cash	periodic on-site monit on hand by recipients e funding agency. ges and universities t	oring of grantee program and a	ams and financial appropriate follow-up on sare attending.	
cedures include the review of grantee finance ration, review of cash management proceding any deficiencies noted to Line 2 Grant recipients typically are selected to the scholarships a	cial and narrative reports, pures to minimize the cash of the cash of the cash of the cash of the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the collected in consultation with the cash of the cash	periodic on-site monit on hand by recipients e funding agency. ges and universities t	oring of grantee program and a	ams and financial appropriate follow-up on sare attending.	

SCHEDULE J (Form 990)

Department of the Treasury

Questions Regarding Compensation

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

American Bar Association

36-0723150

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	X 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 (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	Χ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Χ	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant			
	Form 990 of other organizations Approval by the board or compensation committee			
	Desired the control of the control of the district of the Control of the Control of the City of the Ci			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	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) and 501(c)(4) organizations must complete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
а	compensation contingent on the revenues of: The organization?	5a		
b	Any related organization?	5b		
-	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
7	If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
1	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	-		
-	subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

Schedule J (Form 990) 2011

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name			W-2 and/or 1099-MIS						
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990	
1 Jack Rives	(i) (ii)	686,969 0	0	960	10,022	920	698,871	0	
	(i)	369,122	0	858	2,071	16,161	388,212	0	
2 Lawrence Gill	(ii)	0	0	0	0	0	0	0	
	(i)	345,361	0	826	8,399	18,921	373,507	0	
3 R Thomas Howell	(ii)	0	0	0	0	0	0	0	
Thomas Susman	(i) (ii)	302,490 0	0	363 0	0 0	2,880 0	305,733 0	0 0	
	(i)	285,770	0	468	1,387	5,987	293,612	0	
5 Chris Gloede	(ii)	0	0	0	0	0	0	0	
6 Marina Jacks	(i)	273,471	0	535	7,247	9,679	290,932	0	
6	(ii)	000.070	0	0.407	0	0.050	077.050	0	
7 James Swanson	(i) (ii)	268,278 0	0	2,127 0	3 <u>,301</u> 0	3,953 0	277,659 0	<u>0</u> 0	
	(i)	220,352	0	1,152	3,553	24,413	249,470	0	
8 H Maria Enright	(ii)	0	0	0	0	0	0	0	
	(i)	177,577	0	117	5,053	11,436	194,183	0	
9 Kathryn Wiley	(ii)	0	0	0	0	0	0	0	
10 Dolores Gedge	(i)	182,587	0	308	1,051	22,392	206,338	0	
	(ii)	106.973	0	0 297	5,175	5,742	200.007	0	
11 Robert Horowitz	(i) (ii)	196,873 0	0	297	ار 1/1/2	5,7 <u>42.</u> 0	208,087 0	0	
	(i)	181,915	0	252	2,693	120	184,980	0	
12 Jerry Kiska	(ii)	0	0	0	0	0	0	0	
	(i)	177,047	0	258	3,496	6,475	187,276	0	
13 Laura Metzger	(ii)	0	0	0	0	0	0	0	
Terrence Brooks	(i) (ii)	176,651 0	0. 0	254 0	4,860 0	16,521 0	198,286 0	0 0	
	(i)	0	0	100,000	0	0	100,000	0	
15 Kathryn Shaw	(ii)	0	0	0	0	0	0	0	
16 Edward Adams	(i) (ii)	185,461 0	0	104,495 0	3,600 0	13,497 0	307,053 0	0 0	

Schedule J (Form 990) 2011	Page 3
Part III Supplemental Information	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, Also complete this part for any additional information.	7, and 8, and for Part II.
Part I Line 1a The President was provided first class for general business trips taken during the year. First class travel was not	
treated as taxable compensation due to the business nature of the trip.	
Part I Line 1a Senior Executives were offered spousal travel for general business trips taken during the year. Spousal travel was	
treated as taxable compensation.	
Part I Line 4a The following individuals received severance payouts during the year pursuant to a written agreement: Kathryn Shaw,	
Former CFO: \$100,000; Edward Adams, Former Senior Director, Editor and Publisher: \$104,299.	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

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

2011

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(10)

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

Employer identification number

Americ	can Bar Association					36	-07231	150			
Part	Excess Benefit Transactions Complete if the organization a							Z. Par	rt V. lir	ne 40b.	
1	(a) Name of disqualified pers				(b) Description of tran						rected?
(1)										162	NO
(2)											
(3)											
(4)											
(5)											
(6)											
2	Enter the amount of tax imposed on under section 4958								\$		
3	Enter the amount of tax, if any, on li	ne 2, abo	ve, reim	bursed by the orga	nization			. ▶	\$		
Part	Loans to and/or From Intere Complete if the organization a			Form 990, Part IV	, line 26, or Form 9	90-EZ	, Part '	V, line	38a.	<u> </u>	
(a) Name of interested person and purpose		, ,	to or from nization?	(c) Original principal amount	(d) Balance due	ce due (e) In def		t) In default? (f) App by box comm		10,	/ritten ment?
		То	From			Yes	No	Yes	No	Yes	No
(1)				0	0						
(2)				0	0						
(3)				0	0						
(4)				0	0						
(5)				0	0					<u> </u>	
(6)				0	_						
(7)				0	_	+					
(8)				0	_	+					
(9)				0	_	+				 	
(10) Tatal				0	_						
Total .					0						
Part	Grants or Assistance Benefic Complete if the organization a	_			line 27						
	(a) Name of interested person			between interested persorganization		(c) A	Amount a	and type	of assis	tance	
(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)		1								_	

Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions)	(e) Sharing organization revenues	(d) Description of transaction	(c) Amount of transaction	(b) Relationship between interested person and the organization	Name of interested person
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction)	Yes 1				
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions)			0		
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction)			0		
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction)			0		
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction)			0		
Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction)			0		
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Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions of the complete this part to provide additional information for responses to questions of the complete this part to provide additional information for responses to questions of the complete this part to provide additional information for responses to questions of the complete this part to provide additional information for responses to questions of the complete this part to provide additional information for responses to questions of the complete this part to provide additional information for responses to questions of the complete this part to provide additional information for responses to questions of the complete this part to provide additional information for responses to questions of the complete this part to provide additional information for responses to questions of the complete this part to provide additional information for responses to questions of the co					
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Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information for responses to questions on Schedule L (see instruction of the complete this part to provide additional information of the complete this part to provide additional information of the complete this part to provide additional information of the complete this part to provide additional information of the complete this part to provide additional information of the complete this part to provide additional information of the complete this part to provide additional information of the complete this part to provide additional information of the complete this part to provide additional information of the complete this part to provide additional information of the complete this part to provide additional information of the complete this part to provide additional information of the com					
Complete this part to provide additional information for responses to questions on Schedule L (see instruction of the control			0]		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Employer identification number Name of the organization 36-0723150 American Bar Association Form 990 Part III Line 4a The ABA provides lawyers unparalleled oppportunities for professional growth and service through numerous groups dedicated to specific areas of law. The Association currently has 23 Sections, which range in size from about 3,600 members to more than 60,000; 15 Divisions; and 6 Forums. All of these groups draw their membership from lawyers or judges with common professional interests. Sections include the following legal areas: Administrative Law and Regulatory Practice; Antitrust; Business; Criminal Justice; Dispute Resolution; Environment, Energy and Resources; Family Law; General Practice; Solo & Small Firm; Government and Public Sector Law; Health Law; Individual Rights and Responsibilities; Intellectual Property; International Law; Labor and Employment; Law Practice Management; Legal Education; Litigation; Public Contract Law; Public Utility, Communications and Transportation Law; Form 990 Part III Line 4a Science and Technology Law; Tort and Insurance Practice; Tax; and State and Local Government Law. Divisions include: Young Lawyers, Judges and their Staff; Senior Lawyers; Law Students; Public Education; and Bar Services. The Division for Public Services has Committees that focus on the improvement of the electoral process, support for the Law Library of Congress, Bioethics, National Security, Mental and Physical Disability Law, and Environmental Law. The Public Service Division also focuses on a number of social problems with legal ramifications: immigration, homelessness and poverty, and substance abuse. The Division for Public Education seeks to advance public understanding of the law and its role in society, with a special emphasis upon youth education. Form 990 Part III Line 4a Forums explore new areas of developing law, such as franchising, e-commerce, entertainment and sports law, the construction industry, and affordable housing and community development. Sections, Divisions and Forums within the ABA provide members myriad opportunities for professional development, leadership development, networking, probono contributions, and education within their own particular field of interest and expertise.

Sections and Divisions also contribute to policy-making on issues of importance to both

Name of the organization	Employer identification number
American Bar Association	36-0723150
lawyers and the public. Sections originate many of the recommendations that become the ABA	<u>s</u>
policy positions, and act as checks and balances on recommendations of other entities. Through	h
the work of these groups, the ABA benefits the public through improvement of both the	
profession and the legal system.	
Form 990 Part III Line 4c These books offered guidance and counsel in every legal discipline	
and every aspect of a legal career. Many of these excellent books would not have been	
published by a commercial publisher because their revenue potential is not great enough for a	
commercial model. However, these publications are of great value to the profession, providing	
vital information to keep lawyers up to date on developments in the law. Thus ABA publications	
serve clients, the public and the courts by improving the education and professionalism of the	
nation's lawyers. Because ABA's mission is to serve the profession, many disciplines and	
authors are able to publish vital and timely information that would not otherwise be available	
to the profession.	
Form 990 Part VI Section A Line 6 The members of the Nominating Committee of the House of	
delegates nominate the members of the Board of Governors, the elective offices of the	
Association - (President, President-Elect, Secretary, Treasurer, and Chair of the House of	
Delegates). Members who register for the annual meeting elect six members of the House of	
Delegates; the House elects the Board of Governors, the Chair of the House, and the officers.	
Members may nominate officers and governors by presenting a nominating petition to the	
nominating committee with the number of member signatures specified in the bylaws for each	
elected position. Members may initiate a referendum to change or initiate ABA policy by filing	
a petition with the requisite number of signatures.	
Form 990 Part VI Section A Line 6 The House, by majority vote, can direct a referendum on a	
question relating to the substance of the law, the administration of justice or the policy of	
the Association. In either case, the majority of members casting a ballot determine the	
result. All members may attend the meetings of the House of Delegates and may submit a repo	rt
and recommendation for consideration by the House.	
Form 990 Part VI Section A Line 7a The ABA House of Delegates elects the Board of Governor	°S,

Name of the organization	Employer identification number
American Bar Association	36-0723150
the officers, and the Chair of the House. The House is designed to be representative of the	
legal profession in the United States. Members of the Association who register for the annual	
meeting elect six delegates-at-large. ABA members of each state elect state delegates; ABA	
members who belong to state and qualifying local Bar Associations also elect delegates, the	
number being dependent upon the number of ABA members and lawyers in the respective state	e or
local association. Association members of ABA sections, divisions and judicial conferences	
elect section/division delegates. Each section has a minimum of two delegates, with additional	
delegates dependent on the number of members in each section.	
Form 990 Part VI Section A Line 7a The U.S. Virgin Islands Bar Association elects a delegate,	
and the Bar Associations of Guam and the Commonwealth of the Northern Mariana Islands sha	ıre
one elected rotating delegate. State, local and territorial bar associations elect delegates	
according to their own rules. For purposes of election to the Board, the House is grouped into	
eighteen geographical districts. Governors serve staggered three year terms; the House elects	
approximately one-third of the Board, and the President-Elect at each annual meeting. The	
Board of Governors consists of one member from each of the 18 geographical districts, six	
section members-at-large, and one non-voting law student member-at-large.	
Form 990 Part VI Section A Line 7a The President, Chair of the House, President-Elect,	
Immediate Past President, Secretary, and Treasurer of the ABA are ex-officio members of the	
Board of Governors, and every third year the Treasurer-Elect and Secretary-Elect also are	
included on the Board of Governors. The House elects the Chair of the House for a two-year	
term in even-numbered years; every third year the House elects the Treasurer and Secretary a	
year in advance for three year terms.	
Form 990 Part VI Section B Line 11a Prior to filing the return with the IRS, it is reviewed by	
the organization's management and then reviewed by the Audit Committee. The Audit Committee	<u>ee </u>
includes members of the Board of Governors as well as members of the ABA who are not mem	bers
of the Board. The Form 990 is emailed to all members of the ABA Board prior to filing the form	
with the IRS.	
Form 990 Part VI Section B Line 12c Each Board member received the Conflict of Interest (C of	•

Name of the organization	Employer identification number
American Bar Association	36-0723150
I) questionnaire this year. All responses were reviewed by the Accounting team at the ABA. If	
a Board member discloses a conflict, the Board member must recuse themselves from any mat	ter
involving the disclosed conflict, and the recusal is noted in the minutes. Additionally, staff	
assigned to the Board of Governors distribute COI forms to Board members prior to each Board	1
meeting and collect the completed COI forms.	
Form 990 Part VI Section B Line 15a The Compensation Committee of the ABA Board of Gove	rnors
reviewed compensation information of comparable entities and performance assessments of the	e
top management position and made a recommendation to the full ABA Board of Governors. The	e ABA
Board of Governors must approve the final compensation. This process occurs every year and	was
last performed in 2011.	
Form 990 Part VI Section B Line 15b The Compensation Committee of the ABA Board reviews	
compensation information of comparable entities and performance of other officers and key	
employees. When other officer and key employee positions become vacant the compensation is	S
reviewed by the Association's Executive Director and Human Resources department based on	
guideline recommendations of the Compensation Committee. The ABA Board approves the final	<u>al</u>
compensation of the Executive Director of the American Bar Association. This process occurs	
every year and was last performed in calendar year 2011. The Association President and the	
President-Elect receive \$100,000 and \$50,000 respectively in compensation for their positions.	
There has been a long-standing practice and written agreement that the compensation for the	
President and President-Elect is paid directly to their respective law firms.	
Form 990 Part VI Section C Line 19 The ABA constitution & bylaws, the ABA business conduct	
standards, and the audited financial statements are available upon request or on the ABA	
website: www.abanet.org	
Form 990 Part VII Section A Line 1a All interested persons listed on Part VII of the 990	
devote time to the American Bar Association Fund for Justice and Education, a related	
tax-exempt entity. The following interested persons devoted time to the James O. Broadhead	
Corporation, a related tax-exempt organization: Wm T Robinson III, Laurel G Bellows, Honorab	le
Cara Lee T Neville, Lucian T Pera, Jack Rives, Lawrence Gill and James Swanson. The followi	ng

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

American Bar Association

 \blacktriangleright Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► S

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

► See separate instructions.

Employer identification number 36-0723150

(a) Name, address, and EIN of disregarded entity			(b) y activity		(c) domicile (state reign country)	To	(d) otal income	End-d	(e) of-year assets	Dire	(f) ct contro entity	iling
<u>(1)</u>							0		0			
(2)							0		0			
(3)							0		0			
(4)							0		0			
(5)		-					0		0			
<u>(6)</u>							0		0			
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations d	,	•	he organiza	tion a	nswered "Ye	es" to	Form 990, F	Part I\	V, line 34 be	cause	it had	t
(a) Name, address, and EIN of related organization		(b) ry activity	(c) Legal domicile or foreign co		(d) Exempt Code s	section	(e) Public charity (if section 501)		(f) Direct contro entity	lling	(g Section 5° contro enti	12(b)(13) olled
											Yes	No
(1) American Bar Foundation 36-6110271 321 N Clark Street, Chicago, IL 60654	Research		IL		501(c)(3)		7		N/A			Х
(2) American Bar Endowment 36-2384321 321 N Clark Street, Chicago, IL 60654	Grants		IL		501(c)(3)		7		N/A			Х
(3) National Judicial College 94-2427596 Judicial College Bldg, MS 358, Reno, NV 89557	Education		NV		501(c)(3)		2		N/A			Х
(4) ABA Fund for Justice & Education 36-6110299 321 N Clark Street, Chicago, IL 60654	Public Serv	vice	IL		501(c)(3)		11 - TYPE I		N/A			Х
(5) The James O Broadhead Corporation 52-1874598	. 45.10 501		 		001(0)(0)		21					

DC

DC

501(c)(2)

501(c)(3)

Title Company

Public Service

321 N Clark Street, Chicago, IL 60654

(6) The World Justice Project 27-0359097

740 15th Street NW, Washington, DC 20005

Χ

N/A

N/A

0

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Part III because it had one or more related organizations treated as a partnership during the tax year.) (c) (d) (e) (k) (a) (h) Name, address, and EIN Primary activity Legal Direct controlling Predominant Share of total Share of end-of-Disproportionate Code V-UBI General or Percentage allocations? domicile entity income (related, income year assets amount in box 20 of ownership managing related organization (state or unrelated, Schedule K-1 partner? (Form 1065) foreign excluded from country) tax under sections 512-514) No Yes No Yes

0

0

0

0

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part Part IV IV. line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ABA Retirement Funds 36-2550367 321 N Clark Street, Chicago, IL 60654	Benefit Plans	IL	ABA	C Corp	0	C) %
(2)					0	C) %
					0	C) %
					0	C) %
					0	C) %
					0	C) %
(7)					0	C	%

Schedule R (Form 990) 2011 American Bar Association 36-0723150 Page **3**

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

Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more relat	ted organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a		Χ
b	Gift, grant, or capital contribution to related organization(s)			1b		Χ
С	Gift, grant, or capital contribution from related organization(s)			1c		Χ
d	Loans or loan guarantees to or for related organization(s)			1d	Χ	
е	Loans or loan guarantees by related organization(s)			1e		Χ
f	Sale of assets to related organization(s)			1f		Χ
g	Purchase of assets from related organization(s)			1g		Χ
h	Exchange of assets with related organization (s)			1h		Χ
i	Lease of facilities, equipment, or other assets to related organization(s)			1i	Χ	
j	Lease of facilities, equipment, or other assets from related organization(s)			1j	Χ	
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		Χ
I	Performance of services or membership or fundraising solicitations by related organization(s)			11		Χ
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m	Χ	
n	Sharing of paid employees with related organization(s)			1n	Χ	
0	Reimbursement paid to related organization(s) for expenses			10		Χ
р	Reimbursement paid by related organization(s) for expenses			1p	Χ	
q	Other transfer of cash or property to related organization(s)			1q		Χ
r	Other transfer of cash or property from related organization(s)			1r	Χ	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ine, including covered	relationships and transa	action th	reshol	ds.
	(a)	(b)	(c)		(d)	
	Name of other organization	Transaction type (a-r)	Amount involved	Method o	of determ nt involve	•
		type (a-i)		amoui	it iiivoive	
(1) AB	A Retirement Funds	р	984,021			
(2) An	nerican Bar Endowment	р	300,517			
(3) An	nerican Bar Foundation	р	73,886			
(4) Na	tional Judicial College	р	34,955			
(E) :			6 607 665			
(5) Jai	mes O Broadhead Corporation	J	3,327,600			
(O)			574 740			
(6) Jai	mes O Broadhead Corporation	m	571,740	-I- D /E-		

Schedule R (Form 990) 2011 American Bar Association 36-0723150 Page **4**

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all sec 501(partners etion (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
			360110112-014)	Yes	No			Yes	No		Yes	No	
.(1)						0	0			0			%
(2)						0	0			0			%
(3)						0	0			0			%
<u>(4)</u>						0				0			
(5)						0	-						%
(6)						-	-			0			%
(7)						0	-			0			%
(8)						0				0			%
(9)						0				0			%
(10)						0	-			0			%
(11)						0	-			0			%
(12)						0	0			0			%
(13)						0	0			0			%
(14)						0	0			0			%
(45)						0	0			0			%
						0	0			0			%
(16)						0	0			0			%

Schedule R (For	m 990) 2011	American Bar Association	36-0723150	Page 5
Part VII		ental Information this part to provide additional information for responses to questions ons).	n Schedule R (see	

American Bar Association 36-0723150 Page 1 of 1

Part V Continuation of Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(c) Method of determining amount involved
(7) James O Broadhead Corporation	r	47,203,595	_
(8) World Justice Project	i	366,578	
(9) ABA Fund for Justice and Education	n	29,432,863	
(10) ABA Fund for Justice and Education	d	19,678,174	
<u>(11)</u>		0	
<u>(12)</u>		0	
(13)		0	
(14)		0	
(15)		0	
<u>(16)</u>		0	
_(17)		0	
		0	
(19)		0	
(20)		0	
(21)		0	
(22)		0	
(23)		0	
_(24)		0	

Reasonable Cause Explanati	on (990)			
Item F (990) - Name and Addı	ess of Principal O	fficer		
Name			Phone Number	
Jack Rives, Executive Director				_
Address			Foreign Country	=
321 N Clark Street				_
City, Town, or Post Office	State	Zip Code	Check ("X") if a business	-
Chicago	lu lu	60654		

Item H(b) (990) - Affiliates Included in Group Return

	Name	Street Address	City	State	ZIP code	Foreign Country	EIN
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							_
18							
19							
20							

Item M (990) - State of Legal Domicile

State	Foreign Country
IL	

Part	V, Line 4b (990) - Authority over a Financial Account in a Foreign Country
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
	If "Yes," enter the name of the foreign country:
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed Armed Forces the Americas Louisiana Palau Armed Forces Europe Massachusetts Rhode Island Alaska Maryland South Carolina Maine South Dakota Alabama Armed Forces Pacific Marshall Islands Tennessee Arkansas Michigan Texas American Samoa Minnesota Utah Arizona Missouri Virginia U.S. Virgin Islands California Commonwealth of the Northern Mariana Islands Colorado Mississippi Vermont Washington Connecticut Montana North Carolina Wisconsin District of Columbia Delaware North Dakota West Virginia Florida Wyoming Nebraska Federated States of Micronesia New Hampshire Georgia **New Jersey** Guam **New Mexico** Hawaii Nevada New York Iowa Idaho Ohio Illinois Oklahoma Indiana Oregon Kansas Pennsylvania Kentucky Puerto Rico Part II-A (Sch C (990/990EZ)) - 4-Year Averaging Period Is the organization required to complete all five columns of the 4-Year Averaging Period Schedule? Yes No If "No," please provide an explanation that includes the ending date of the tax year in which the organization made its first Sec. 501(h) election and state whether or not that first election was revoked before the start of the organization's tax year.

Part VII (Sch D (990)) - Investments Other Securities

			Method of
	Description	Book Value	Valuation
1	Financial derivatives and other financial products	0	
2	Closely-held equity interests	0	
3		0	
4		0	
5		0	
6		0	
7		0	
8		0	
9		0	
10		0	
11		0	
12		0	
13		0	
14		0	
15		0	
16		0	
17		0	
18		0	
19		0	
20		0	

Part VIII (Sch D (990)) - Investments Program Related

			Method of
	Description	Book Value	Valuation
1		0	
2		0	
3		0	
4		0	
5		0	
6		0	
7		0	
8		0	
9		0	
10		0	
11		0	
12		0	
13		0	
14		0	
15		0	
16		0	
17		0	
18		0	
19		0	
20		0	

Part IX (Sch D (990)) - Other Assets

	Description	Book Value
1	·	0
2		0
3		0
4		0
5		0
6		0
7		0
8		0
9		0
10		0
11		0
12		0
13		0
14		0
15		0
16		0
17		0
18		0
19		0
20		0

Part X (Sch D (990)) - Other Liabilities

 124	<u>,551</u>	1,259

	Description	Book Value
1	Federal Income Taxes	0
2	Deferred Rent Abatement	12,151,691
3	Other Liabilities	7,569,240
4	Pension Liability	77,000,871
5	Due to Related Organizations	27,829,457
6		0
7		0
8		0
9		0
10		0
11		0
12		0
13		0
14		0
15		0
16		0
17		0
18		0
19		0
20		0

Part I, Line 1 (Sch L (990/990EZ)) - Excess Benefit Transactions

	Name of Disqualified Person	Name of Manager(s) that Participated in Transaction	Check ("X") if a Business	Description of Transaction		ensaction
					Yes	No
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17				·		
18						
19				<u> </u>		
20						

Part II (Sch L (990/990EZ)) - Loans to and from Interested Persons

Pa	Part II (Sch L (990/990EZ)) - Loans to and from Interested Persons												
		Check ("X") if a Business	Purpose of Loan	Loan to	or from zation?	Original Principal Amount			Approved by the Board?		Written Agreement?		
				To	From			Yes	No	Yes	No	Yes	No
1													
2													
3													
4													
5													
6													
7													
8													
9 10 11													
10													
11													
12													
12 13 14													
14													
15													
16													
17													
18													
15 16 17 18 19 20													
20													

Part III (Sch L (990/990EZ)) - Grants or Assistance Benefiting Interested Persons

	(
	Name	Check ("X") if a Business	Relationship with Organization	Amount of Grant	Type of Assistance
1					
2					
3					
4					
5					
6					
7					
8					
9					
10 11					
11					
12					
13					
12 13 14					
15					
16					
17					
15 16 17 18 19 20					
19					
20					

Part IV (Sch L (990/990EZ)) - Business Transactions Involving Interested Persons

<u> </u>	1011 (0011 = (0001000 == // = 201	<u> </u>	and a distriction of the state				
	Name	Check ("X") if a Business		Amount of Transaction	Description of Transaction	Rever	ring in enues?
L'	1	<u> </u>		1		Yes	No
1	_	'	'	1		,	1
2		'		ĺ		<u> </u>	
3		'		<u> </u>		<u> </u>	
4		<u> </u>		1		'	1
5		T		1		1	
6		'					
7		1				1	
8		1				1	
9		1				1	1
10						1	
11		1				1	
12		<u> </u>				1	
10 11 12 13 14 15 16						† '	1
14		1				1	
15		<u> </u>				1	
16		†	<u>'</u>			†	
17		†				†	
18 19 20		 				1	
19		†				†	
20		+	<u> </u>			† *	