Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury

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

A For the 2021 calendar year, or tax year beginning SEP 1, 2021and ending AUG 31, D Employer identification number C Name of organization Check if applicable Address change AMERICAN BAR FOUNDATION 36-6110271 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 750 N. LAKE SHORE DRIVE 4TH FI (312)988-6500 return/ termin-ated 9.875 718. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return CHICAGO, IL 60611 H(a) Is this a group return Applica-F Name and address of principal officer: BRYANT GARTH for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ▶ WWW.AMERICANBARFOUNDATION.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Trust Other > L Year of formation: 1952 M State of legal domicile: IL Part I Summary Briefly describe the organization's mission or most significant activities: TO EXPAND KNOWLEDGE AND ADVANCE Governance JUSTICE THROUGH INNOVATIVE, INTERDISCIPLINARY, AND RIGOROUS RESEARCH 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 23 4 Number of independent voting members of the governing body (Part VI, line 1b) 73 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 103 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 8,309,483 7,431,210. 60.132. 63,063. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 984,784 051,765. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 357,330 8,543,107. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 773,151. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 645,763. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 4,544,505. 4,652,018. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,229,320 2,486,650. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,419,588. 7,911,819. 937,742 631,288. 19 Revenue less expenses. Subtract line 18 from line 12 ö **Beginning of Current Year** End of Year 34,564,445. 37,925,650**.** 20 Total assets (Part X, line 16) 1,724,647 1,050,366. 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 36,201,003. 33,514,079. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign 2 3 ÍNTERÍM EXECUTIVE <u>DIRECTOR</u> BRYANT GARTH Here Type or print name and title PTIN Preparer's signature Print/Type preparer's name 05/09/23 P01506476 LU ANN TRAPP LU ANN TRAPP Paid Firm's EIN > 38 - 1357951Firm's name PLANTE & MORAN, Preparer PLLC Firm's address 10 S. RIVERSIDE PLAZA, 9TH FLOOR Use Only Phone no. (312) 207-1040 CHICAGO, IL 60606 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: THE AMERICAN BAR FOUNDATION (ABF) SEEKS TO EXPAND KNOWLEDGE AND
	ADVANCE JUSTICE THROUGH INNOVATIVE, INTERDISCIPLINARY, AND RIGOROUS
	RESEARCH ON LAW, LEGAL PROCESSES, AND LEGAL INSTITUTIONS. TO FURTHER
	THIS MISSION THE ABF PRODUCES TIMELY, CUTTING-EDGE RESEARCH OF THE
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	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?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$4 , 011 , 496including grants of \$577 , 950) (Revenue \$\$
-r a	THE RESEARCH PROGRAM
	RESEARCH WORK IN PROGRESS IS CURRENTLY COMPRISED OF 38 PROJECTS IN
	THREE BROAD CATEGORIES OF INQUIRY: I) LEARNING AND PRACTICING LAW, II)
	PROTECTING RIGHTS, ACCESSING JUSTICE, AND III) MAKING AND IMPLEMENTING
	LAW. A NUMBER OF FOUNDATION RESEARCH FACULTY ARE RECIPIENTS OF
	NATIONAL AND INTERNATIONAL AWARDS FOR THEIR PROFESSIONAL CONTRIBUTIONS.
	THE FOUNDATION'S RESEARCH AND ITS DISSEMINATION IS DESIGNED TO FURTHER
	THE FOUNDATION'S OVERALL OBJECTIVE OF SCHOLARLY PREEMINENCE IN THE
	STUDY OF LAW, LEGAL INSTITUTIONS, AND THE LEGAL PROFESSION. TO THIS
	END, RESEARCH PROJECTS ARE SUBJECT TO REVIEW BY AN INTERNAL RESEARCH
	COMMITTEE, AN EXTERNAL GROUP OF DISTINGUISHED AND INDEPENDENT SCHOLARS,
4b	(Code:) (Expenses \$ 474 , 399 including grants of \$) (Revenue \$
710	FELLOWS OF THE AMERICAN BAR FOUNDATION
	THE THE THE THE TOTAL PROPERTY OF THE TOTAL
	MEMBERS OF THE PRACTICING BENCH, BAR, AND LEGAL ACADEMY ARE INVITED TO
	PARTICIPATE IN THE AFFAIRS OF THE ORGANIZATION THROUGH NOMINATION AS
	FELLOWS OF THE FOUNDATION.
	FEDDOMS OF THE FOUNDATION:
	050 442
4c	(Code:) (Expenses \$ 852,113. including grants of \$ 195,201.) (Revenue \$
	ACADEMIC AFFAIRS AND FELLOWSHIPS
	THE FOUNDATION OFFERS A SERIES OF ANNUAL RESIDENCE FELLOWSHIPS TO
	STUDENTS OF HIGH SCHOLARLY ACHIEVEMENT. THESE FELLOWSHIPS ARE AWARDED
	TO POSTDOCTORAL AND DOCTORAL CANDIDATES AND UNDERGRADUATE STUDENTS ON A
	MERIT BASIS. SELECTION IS MADE BY RESEARCH AND PROFESSIONAL FOUNDATION
	STAFF UNDER THE SUPERVISION OF THE DIRECTOR.
	Other program continue (Deceribe on Cohodule O.)
40	Other program services (Describe on Schedule O.) (Expenses \$ 121,592. including grants of \$) (Revenue \$ 60,132.)
	- 4-0 600
40	Total program service expenses ► 5, 459, 600.

14310509 147228 100319

Form 990 (2021) AMERICAN BAR FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domocio government orti artix, commit (-), inte 1: II Tes. Complete Schedule I, Parts I and II	41	- 42	L

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Form 990 (2021)

Part IV	Checklist of Red	quired Schedules	(continued)
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	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
اء	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	Lou		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		$\frac{x}{x}$
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	х	
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	23	
<i>-</i> 1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	"		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 62			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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021) AMERICAN BAR FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	J 1 7 1	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			,,
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		. v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7b		_
ь 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ů		
а	Did the conservation and in the contract of th	9a		
b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b				
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

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

	· · · · · · · · · · · · · · · · · · ·					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		0.2			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the		•			7.7
				3		<u>X</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		filed?	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5	37	<u>X</u>
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_	37	
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		,			37
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	-	•		v	
a	The governing body?			8a	X	
ь	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					v
S00	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>			9	[X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)			N
40-	Did the amonitation have lead shoutons by another or affiliates.			40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			40h		
44.			filing the form?	10b 11a	х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body. Describe on Schedule O the process, if any, used by the organization to review this Form 990.	belore	e illing the form?	па		
120				120	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120		
С		,		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
14				14	X	
	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva			14	-23	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by iiiC	ieherinerir			
•	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b		X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a			
100	Associates and the shadow the same O			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			·Ju		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	· ·			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed AL , AR, CA, CO, F	L,G	A,HI,IL,KS	KY,	MA,	MD
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					
	for public inspection. Indicate how you made these available. Check all that apply.		() () () ()	,,		
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			financ	ial	
	statements available to the public during the tax year.		. ,			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records >			
	SJAR TONEY, CFO - (312)988-6500					
	750 N LAKE SHORE DRIVE, 4TH FLOOR, CHICAGO, IL 606	$\overline{11}$				
132006	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2021)

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

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

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

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

See the instructions for the order in which to list the persons above.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Posi		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	a a a	Irecto	r/trust	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ndividual trustee or director	Institutional trustee		yee	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	utiona	Ji.	Key employee	st co	er	13551125)		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) AJAY K. MEHROTRA	35.00									
DIRECTOR	0.00			Х				267,165.	0.	46,314.
(2) SHARI DIAMOND	17.00									-
RESEARCHER	0.00					Х		204,263.	0.	38,407.
(3) ELIZABETH MERTZ	35.00									-
RESEARCHER	0.00					Х		177,520.	0.	28,546.
(4) SUSAN SHAPIRO	35.00							·		•
RESEARCHER	0.00					Х		155,930.	0.	20,995
(5) REGINALD M. TURNER, JR.	1.00									
EX-OFFICIO	20.00	Х						0.	150,000.	0.
(6) TERRY HALLIDAY	17.00									
RESEARCHER	0.00					Х		110,452.	0.	29,304.
(7) JANICE NADLER	17.00									
RESEARCHER	0.00					X		110,492.	0.	11,018.
(8) DEBORAH ENIX-ROSS	1.00									
EX-OFFICIO	20.00	Х						0.	50,000.	0.
(9) E. THOMAS SULLIVAN	3.00									
PRESIDENT	0.00	Х		Х				0.	0.	0.
(10) JIMMY K. GOODMAN	3.00									
VICE-PRESIDENT	0.00	Х		Х				0.	0.	0.
(11) MICHAEL H. BYOWITZ	3.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(12) SANDRA J. CHAN	3.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(13) PAULA E. BOGGS	1.00									
MEMBER	0.00	Х						0.	0.	0.
(14) JENNIFER CHACON	1.00									
MEMBER	0.00	Х						0.	0.	0.
(15) DOREEN D. DODSON	2.00									
MEMBER	0.00	Х						0.	0.	0.
(16) ROBERT J. GREY, JR.	1.00									
MEMBER	0.00	Х						0.	0.	0.
(17) HON. SOPHIA H. HALL	1.00									
MEMBER	0.00	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(((D)	(E)			(F)	
Name and title	Average	١		Pos	itior			Reportable	Reportable		Es	timate	d
	hours per		not cl					compensation	compensation	า		ount c	
	week	offi	cer an	ıd a di	irecto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organizations		com	oensat	ion
	hours for	or dir	a)			ated		organization	(W-2/1099-MIS	C/		om the	
	related organizations	stee	trustee		a a	bens		(W-2/1099-MISC/	1099-NEC)			anizatio	
	below	ual tru	ional		ploye	t com		1099-NEC)				l relate nizatio	
	line)	Individual trustee or director	Institutional t	Officer	sey employee	Highest compensated employee	Former				orga	iiiZatio	1115
(18) ELLEN M. JAKOVIC	1.00	_	_			1 0							
MEMBER	0.00	х						0.		0.			0.
(19) HON. J. LOGAN MURPHY	1.00												
MEMBER	0.00	Х						0.		0.			0.
(20) HAROLD D. POPE	1.00												
MEMBER	0.00	Х						0.		0.			0.
(21) LAUREN ROBEL	1.00												
MEMBER	0.00	Х						0.		0.			0.
(22) DANIEL B. RODRIGUEZ	1.00												_
MEMBER	0.00	Х						0.		0.			0.
(23) HON. DIANE P. WOOD	1.00	.,								_			^
MEMBER	0.00	Х						0.		0.			0.
(24) BARBARA J. HOWARD EX-OFFICIO	1.00 25.00	х						0.		0.			0.
(25) KEVIN L. SHEPHERD	1.00	Δ						0.		٠.			0.
EX-OFFICIO	20.00	х						0.		0.			0.
(26) CAROLYN LAMM	1.00	22						•		•			•
EX-OFFICIO	0.00	х						0.		0.			0.
1b Subtotal ► 1,025,822. 200,000											174	1,58	
c Total from continuation sheets to Part VII							•	0.	•	0.			0.
d Total (add lines 1b and 1c)							•	1,025,822.	200,00	0.	174	1,58	34.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													8
												Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	сеу е	empl	oye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for so	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportable	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	lual for services				
rendered to the organization? If "Yes." com	plete Schedule	J f	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con										ensat	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
(A) (B) Name and business address NONE Description of services									С	(C omper			
		140	7141	_									
2 Total number of independent contractors (ir	ncluding but no	ot lir	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					(
SEE PART VII, SECTION	I A CONT	IN	UΑ	TI	on	S	ΗE	ETS			Form 9	990 (2	021)

132008 12-09-21

14310509 147228 100319

(A) (B) Average Position Reportable Compensation From	Form 990 AMERICAN	BAR FOU	JNL	L'A(,TO	N				36-611	0271
(A) Name and title Name and title Average hours per week (list any hours for related organizations below line) (27) ROBERTA D. LIEBENBERG EX-OFFICIO (28) HARI OSOFSKY EX-OFFICIO (29) CYNTHIA E. NANCE EX-OFFICIO (30) DARRELL G. MOTTLEY EX-OFFICIO (31) LAURA V. FARBER (B) (C) Position (Check all that apply) Pos		ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employ	ees (continued)	
week (list any hours for related organizations below line) 1.00 2.70 ROBERTA D. LIEBENBERG 1.00 2.80 HARI OSOFSKY 1.00 2.80 C.29) CYNTHIA E. NANCE 2.00 2.00 C.29) CYNTHIA E. NANCE 2.00 2.00 C.29) CYNTHIA E. NANCE 2.00	(A)	(B) Average			((Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated amount of
EX-OFFICIO		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizations	other compensation from the organization and related organizations
EX-OFFICIO	EX-OFFICIO	0.00	х						0.	0.	0.
EX-OFFICIO		0.00	X						0.	0.	0.
(30) DARRELL G. MOTTLEY EX-OFFICIO (31) LAURA V. FARBER 1.00 X 0. 0.			x						0.	0.	0.
(31) LAURA V. FARBER 1.00		1.00									0.
		1.00									0.
			-								
			-								
			_								

Form 990 (2021) AMERICA
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
S S	1 2	a Federated campaigns1a					
ant		o Membership dues 1b	1,859,913.				
جَ ۾		Fundraising events 1c					
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations 1d					
ig ig		Government grants (contributions)	217,704.				
Sin		All other contributions, gifts, grants, and					
ē Ė	'		5,353,593.				
ë		similar amounts not included above 1f	523.				
		Noncash contributions included in lines 1a-1f	525.	7 431 210			
Oa		Total. Add lines 1a-1f	Business Code	7,431,210.			
		DUDI TOURTON DEVENUE	Business Code	60 120	60.132		
<u>.e</u>	2 8		900099	60,132.	60,132.		
er v	ŀ	·					
n S	•	·					
ev Sev	(<u> </u>					
Program Service Revenue		•					
حَ	1	All other program service revenue					
		Total. Add lines 2a-2f	>	60,132.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		1,081,379.			1081379.
	4	Income from investment of tax-exempt bond p	roceeds				
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	ı	Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 1,302,997.					
		Less: cost or other basis					
<u>a</u>		and sales expenses 7b 1,332,611.					
eur		Gain or (loss) 7c -29,614.					
ther Revenue		d Net gain or (loss)	•	-29,614.			-29,614.
౼		a Gross income from fundraising events (not		, -			,
O EP	0 .	including \$ of					
~		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	9 6	Part IV, line 199a					
		l					
		Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
	_	and allowances 10a					
		Less: cost of goods sold 10b					
\dashv		Net income or (loss) from sales of inventory	D				
<u>2</u>			Business Code				
Miscellaneous Revenue	11 a	ı					
an en	ŀ	·					<u> </u>
cel ev	(
Ais	(d All other revenue					
	•	Total. Add lines 11a-11d	>				
	12	Total revenue. See instructions	>	8,543,107.	60,132.	0.	1051765.

132009 12-09-21

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

_	Check if Schedule O contains a respons	se or note to any line in t	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	66,380.	66,380.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	706,771.	706,771.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	334,753.	63,411.	271,342.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,507,632.	2,579,027.	661,533.	267,072
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	305,469.	217,854.	62,666.	24,949
9	Other employee benefits	240,675.	171,738.	45,037.	23,900
10	Payroll taxes	263,489.	187,607.	56,028.	19,854
11	Fees for services (nonemployees):				
а	Management				
b	Legal	13,393.	860.	12,533.	
С	Accounting	53,568.		53,568.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	47,914.		47,914.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	397,254.	234,648.	142,915.	19,691
12	Advertising and promotion				
13	Office expenses	118,662.	63,753.	50,907.	4,002
14	Information technology	122,131.	80,151.	20,842.	21,138
15	Royalties				
16	Occupancy	875,293.	530,748.	298,419.	46,126
17	Travel	121,154.	88,215.	31,010.	1,929
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	390,876.	325,417.	30,202.	35,257
20	Interest	2,259.		1,304.	955
21	Payments to affiliates	5,954.		5,954.	
22	Depreciation, depletion, and amortization	22,606.	16,729.	4,295.	1,582
23	Insurance	48,891.		48,891.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) PRINTING AND PUBLICATIO	110,962.	27,130.	5,873.	77,959
a b	BANK FEES	65,595.	55,033.	10,487.	77,939
-		05,595.	33,033.	10,40/•	7.5
c C					
d	All other evenesses	90,138.	44,128.	39,307.	6,703
e	All other expenses	7,911,819.	5,459,600.	1,901,027.	551,192
25	Total functional expenses. Add lines 1 through 24e	1,311,013.	3,433,000.	1,301,041.	JJI, 194
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)				Form 990 (202

Pai	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,475,611.	1	1,779,000.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	4,052,995.	3	4,028,285.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	125,336.	9	62,109.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,133,356.			
	b	Less: accumulated depreciation 10b 2,036,247.	82,124. 31,172,584.	10c	97,109. 28,578,442.
	11	Investments - publicly traded securities	31,172,584.	11	28,578,442.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	4.7.000	14	10.500
	15	Other assets. See Part IV, line 11	17,000.	15	19,500.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	37,925,650.	16	34,564,445.
	17	Accounts payable and accrued expenses	659,092.	17	472,139.
	18	Grants payable	621 672	18	261 626
	19	Deferred revenue	631,672.	19	261,626.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial	00	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties	175,532.	22	0.
	23 24		173,332.	23	0.
	2 4 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		1011110	258,351.	25	316,601.
	26	Total liabilities. Add lines 17 through 25	1,724,647.	26	1,050,366.
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	22,437,628.	27	20,703,196.
Bala	28	Net assets with donor restrictions	13,763,375.	28	12,810,883.
- Pu		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
ğ	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	36,201,003.	32	33,514,079.
	33	Total liabilities and net assets/fund balances	37,925,650.	33	34,564,445.

Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		543		
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,	911	. , 8	<u> 19.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		631	.,2	88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,	201	.,0	03.
5	5 Net unrealized gains (losses) on investments 5					
6	6 Donated services and use of facilities 6					
7						
8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	33,	514	. 0	<u>79.</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,						
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit					
	Act and OMB Circular A-133?					X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
			-	orm	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

AMERICAN BAR FOUNDATION 36-6110271 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

functionally integrated, or Type III non-functionally integrated supporting organization.							
f Enter the number of supported of	f Enter the number of supported organizations						
g Provide the following information about the supported organization(s).							
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other	
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
Total							

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

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

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

Sed	tion A. Public Support		i	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and				. ,		.,
·	membership fees received. (Do not						
	include any "unusual grants.")	6570154.	9984673.	6345421.	8309483.	7431210.	38640941.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	6570154.	9984673.	6345421.	8309483.	7431210.	38640941.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						914,808.
6	Public support. Subtract line 5 from line 4.						37726133.
	ction B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	6570154.	9984673.	6345421.	8309483.	7431210.	38640941.
	Gross income from interest,	00702010	33010701	00101210	00031001	, 1012100	000103111
Ü	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	707,213.	780,152.	542 941	874,627.	1081379.	3986312.
•	Net income from unrelated business	707,213.	700,132.	342,341.	074,027	1001373.	33003121
9							
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						42627253.
	Total support. Add lines 7 through 10		`			I	413,912.
	Gross receipts from related activities,					12	413,914.
13	First 5 years. If the Form 990 is for the	_					. □
800	organization, check this box and stop						P
	ction C. Computation of Public			. (5)			88.50 %
	Public support percentage for 2021 (li					14	
	Public support percentage from 2020					15	
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and							
stop here. The organization qualifies as a publicly supported organization							
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	mstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22 Schedule A (Form 990) 2021

Т..

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No_
1		
2		
За		
Sa		
3b		
30		
3с		
4a		
4b		
4c		
5a		
5b	+	<u> </u>
5c	_	
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8		
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Pai	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	lion o. Type ii Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
	men 277 m 1, pe m eupper mig ergamanene		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ol-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule	Δ	(Form	990)	202

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

AMERICAN BAR FOUNDATION

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

OMB No. 1545-0047

36-6110271

2021

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

AMERICAN BAR FOUNDATION

36-6110271

Part I	Contributors (see instructions). Use duplicate copies of Part I if		T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$ <u>3,684,288.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization

Employer identification number

AMERICAN BAR FOUNDATION

36-6110271

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
3453 11-11	21	•	Schedule B (Form 990) (202

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** AMERICAN BAR FOUNDATION 36-6110271 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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 ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No.

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 ZIP + 4	Relationship of transferor to transferee

(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 ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

AMERICAN BAR FOUNDATION

Employer identification number 36-6110271

Pai	t I Organizations Maintaining Donor Advised Fu	nds or Other Sin	nilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advised	funds (b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	that the assets held	in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisor	rs in writing that grant	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any o	other purpose conferr	ing
_	impermissible private benefit?			
Pai	Complete it are organize		on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (ch			
	Preservation of land for public use (for example, recreation o	· —		orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified co	onservation contributi	on in the form of a co	Held at the End of the Tax Year
	day of the tax year.			
_	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired after 7			
2	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released year	i, extinguished, or ten	minated by the organi	zation during the tax
4	Number of states where property subject to conservation easemen	at in located		
5	Does the organization have a written policy regarding the periodic		handling of	
3	violations, and enforcement of the conservation easements it holds			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handl		enforcing conservatio	
·	>	g o. v.o.aoo, a.ra	ameramy concertanc	caccinicinic dailing and year
7	Amount of expenses incurred in monitoring, inspecting, handling o	f violations, and enfor	cing conservation eas	sements during the year
	▶ \$,	3	3 ,
8	Does each conservation easement reported on line 2(d) above satisfying	sfy the requirements of	of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation eas			
	balance sheet, and include, if applicable, the text of the footnote to	the organization's fir	nancial statements tha	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of Art,	Historical Treas	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenu	ue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public ex	hibition, education, o	r research in furtherar	ice of public
	service, provide in Part XIII the text of the footnote to its financial s	tatements that descri	bes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to r	report in its revenue s	tatement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhib	oition, education, or re	esearch in furtherance	of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treasures			provide
	the following amounts required to be reported under FASB ASC 95	-		
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for F	orm 990.		Schedule D (Form 990) 2021

Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	Other	Simila	r Assets	(conti	nued)			
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make siç	gnificant ι	use of its					
	collection items (check all that apply):											
а	a Public exhibition d Loan or exchange program											
b	b Scholarly research e Other											
С	c Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.											
5												
_	to be sold to raise funds rather than to be ma							Yes		No		
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "`	Yes" on	Form 990), Part IV, I	ine 9, or				
	reported an amount on Form 990, Pai	·										
1a	Is the organization an agent, trustee, custodi							7		_		
	on Form 990, Part X?						L	」Yes		_ No		
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:									
								Amoun	t			
	Beginning balance											
	Additions during the year											
	Distributions during the year											
	Ending balance					1f		7		٦		
	Did the organization include an amount on Fo					ty?		Yes	H	∐ No		
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i											
ı uı	Endownient Fands: Complete	(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Fou	r vears	hack		
10	Reginning of year balance	31,290,551.	26,979,838.			• • •				339.		
		, , , , , , , , , , , , , , , , , , ,								750.		
	2 214 261 4 270 201 2 205 670 610 241									202.		
		2,311,301.	1,0,5,001.	2,303	, , , , ,		13,311.		, , , , ,			
	Grants or scholarships Other expenditures for facilities				+							
е		418,408.	871,974.	395	,215.	6	67,600.		785	000.		
f	Administrative expenses	,	,		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,			
g	End of year balance	28,611,679.	31,290,551.	26,979	.838.	24.7	70,283.	24	805.	291.		
2	Provide the estimated percentage of the curr				, -		, -		, ,			
	Board designated or quasi-endowment	70.0000	%) 1101d do.								
	Permanent endowment ► 16.0000	%										
	Term endowment ► 14.0000											
_	The percentages on lines 2a, 2b, and 2c sho											
За	Are there endowment funds not in the posse	•	tion that are held ar	nd administere	ed for the	e organiza	ation					
	by:	3				3			Yes	No		
	(i) Unrelated organizations							3a(i)		Х		
	(ii) Related organizations							3a(ii)		Х		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b				
4	Describe in Part XIII the intended uses of the	organization's endov										
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990,	Part X, I	line 10.						
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Ac	ccumulate	ed	(d) Boo	k valu	е		
		basis (investm	nent) basis	(other)	dep	reciation						
1a	Land											
b	Buildings											
С	Leasehold improvements			5,907.		35,9				0.		
d	Equipment			1,921.		754,8		9	7,1			
	Other			5,528.		345,5	28.			0.		
Total	l. Add lines 1a through 1e. <i>(Column (d) must e</i>	qual Form 990, Part 2	X, column (B), line 10	Oc.)					7,1			
							Schodulo	D /Farm	~ ^^^	10004		

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 AMERICAN BAI	R FOUNDATION	36	-6110271 Page
Part VII Investments - Other Securities.			g
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.))	
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	5 555, 1 411 17, 1116	5 656 F 6111 666, F 411 A, III 6 25.	(b) Book value
			(b) Dook value
(1) Federal income taxes (2) DUE TO AFFILIATES			74,805
(3) CAPITAL LEASE OBLIGATION			29,658
(4) DEFERRED RENT			212,138

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

316,601.

(6) (7) (8)

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	7,662,261.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a						
b	Donated services and use of facilities	2b	37,008.					
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d	133,911.					
е	Add lines 2a through 2d			2e	170,919. 7,491,342.			
3	Subtract line 2e from line 1			3	7,491,342.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b		1 051 565					
b	Other (Describe in Part XIII.)	4b	1,051,765.		1 051 765			
С	Add lines 4a and 4b			4c	1,051,765. 8,543,107.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nto Wi	th Evnanga par F	5	8,543,10/.			
Pal	t XII Reconciliation of Expenses per Audited Financial Stateme	nts wi	ın Expenses per F	teturi	1.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				7,900,913.			
1	Total expenses and losses per audited financial statements			1	7,900,913.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	37 009					
a	Donated services and use of facilities	2a	37,008.					
b	Prior year adjustments	2b						
C	Other losses Other (Describe in Part XIII.)	2c 2d						
d	, , , , , , , , , , , , , , , , , , , ,			2e	37 008			
е 3	•				37,008. 7,863,905.			
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	7,005,505.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	47,914.					
b	Other (Describe in Part XIII.)	4b	1,,511	•				
	Add lines 4a and 4b			4c	47,914.			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,911,819.			
	t XIII Supplemental Information.				, , , , ,			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I' 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			; Part >	K, line 2; Part XI,			
PAI	RT V, LINE 4:							
THE	FOUNDATION'S ENDOWMENTS CONSIST OF INDIVI	DUAL	FUNDS ESTAB	LISI	HED FOR A			
VAI	RIETY OF PURPOSES. THESE FUNDS INCLUDE THE	FOL:	LOWING:					
тнт	E LIZ AND PETER MOSER RESEARCH FUND IN LEGA	וי דייו	HICS. PROFES	STOI	NAT.			
KE	SPONSIBILITY, AND ACCESS TO LEGAL SERVICES.							
EST	ABLISHED THROUGH A GENEROUS GIFT FROM LIZ	AND 1	PETER MOSER,	ANI	O IN			
REC	COGNITION OF THEIR LIFETIME OF DEDICATION TO	O LE	GAL ETHICS A	ND				
PRO	FESSIONALISM, THIS FUND SUPPORTS THE AMERI	CAN 1	BAR FOUNDATI	ON'S	5			
<u>FU1</u>	NDAMENTAL EMPIRICAL RESEARCH IN THE FIELDS	OF L	EGAL ETHICS,	PRO	OFESSIONAL			
RES	SPONSIBILITY AND ACCESS TO LEGAL SERVICES.							

100319_1

WM. REECE SMITH, JR. RESEARCH FUND.

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

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

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

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

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

THESE VITAL AREAS.

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

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

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

INTERNSHIP FOR MINORITY UNDERGRADUATE STUDENTS.

SOLON E. SUMMERFIELD FOUNDATION FUND

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

SUMMER RESEARCH DIVERSITY FELLOWSHIP PROGRAM FUND

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

SAMUEL POOL WEAVER FUND

Schedule D (Form 990) 2021

100319 1

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

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

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

SUPERIOR SCHOLARSHIP IN THE FIELD OF CONSTITUTIONAL LAW.."

MACCRATE RESEARCH CHAIR IN THE LEGAL PROFESSION

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

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

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

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

PROFESSION.

CONTRIBUTORS' MEMORIAL FUND I

THIS FUND IS THE PRIMARY FUND FOR ALL UNRESTRICTED, UNDESIGNATED CONTRIBUTIONS TO THE FOUNDATION.

CONTRIBUTORS' MEMORIAL FUND II

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

SUSTAIN THE VISION.

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

Schedule D (Form 990) 2021

MAYNARD TOLL

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

WILLIAM H. NEUKOM FELLOWS RESEARCH CHAIR IN DIVERSITY AND LAW

THIS FUND WAS ESTABLISHED IN 2011 AND SUPPORTS RESEARCH IN DIVERSITY AND

LAW. THE FUND IS TO BE USED SOLELY FOR THE RESEARCH EXPENSES AND SALARY OF

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

BOARD OF DIRECTORS.

ROBERT O. HETLAGE SCHOLARSHIP FUND

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

WILLIAM C. HUBBARD LAW & EDUCATION CONFERENCE ENDOWMENT

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

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

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

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

Employer identification number

AM]	ERICAN BAR FO					36-611027	
Pa	rt I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			.,
	the grantees' eligibility for	or the grants or a	issistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes No
2	United States.			procedures for monitoring the use of its		her assistance outsi	de the
3				an be duplicated if additional space is n			(6) T-1-1
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
EURO	DPE	0	0	PROGRAM SERVICES	PROFESSIONA	L CONFERENCES	29,967.
MIDI	DLE EAST AND						
NOR	TH AFRICA	0	0	PROGRAM SERVICES	RESEARCH		695.
3 a	Subtotal	0	0				30,662.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a		0				20,662

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

Schedule F (Form 990) 2021

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

3 Enter total number of other organizations or entities

			tes. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplica (a) Type of grant or assistar	ated if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

132075 12-20-21 Schedule F (Form 990) 2021

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2021**Open to Public

Inspection

Employer identification number Name of the organization 36-6110271 AMERICAN BAR FOUNDATION Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) UNIVERSITY OF NORTH CAROLINA PO BOX 402420 56-6001393 501(C)(3) 0 RESEARCH ATLANTA, GA 30384 22,324, TEXAS A&M UNIVERSITY 400 HARVET MITCHELL PARKWAY S #300 COLLEGE STATION, TX 77845 74-6000531 115 0. RESEARCH 44,056. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					OFFICE SPACE, SUPPLIES,
OCTORAL FELLOW STIPENDS	5	171,201.	131,798.	BOOK VALUE	TRAVEL, ADMINISTRATIVE SUPPORT
PB ACCESS TO JUSTICE SCHOLARS STIPENDS	8	421,570.	0.		
UMMER RESEARCH DIVERSITY FELLOW STIPENDS	4	24,000.	0.		
ESEARCH CHAIR STIPEND	1	90,000.	0.		

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

PART I, LINE 2:

THE AMERICAN BAR FOUNDATION PROVIDES SUPPORT TO RECIPIENTS OF ITS DOCTORAL

FELLOWSHIP PROGRAM. THESE FELLOWSHIPS ARE AWARDED TO OUTSTANDING STUDENTS

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

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

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

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

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

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

Part IV | Supplemental Information FELLOWSHIP APPOINTMENTS ARE FULL TIME. FELLOWS ARE EXPECTED TO PARTICIPATE FULLY IN THE ACADEMIC LIFE OF THE ABF SO THAT THEY MAY DEVELOP CLOSE COLLEGIAL TIES WITH OTHER SCHOLARS IN RESIDENCE. THE AMERICAN BAR FOUNDATION SPONSORS A PROGRAM OF SUMMER RESEARCH FELLOWSHIPS TO INTEREST UNDERGRADUATE STUDENTS FROM DIVERSE BACKGROUNDS IN PURSUING GRADUATE STUDY IN THE SOCIAL SCIENCES. FOUR SUMMER RESEARCH FELLOWSHIPS ARE AWARDED EACH YEAR. EACH STUDENT IS ASSIGNED TO AN ABF RESEARCH PROFESSOR WHO INVOLVES THE STUDENT IN THE PROFESSOR'S RESEARCH PROJECT AND WHO ACTS AS MENTOR DURING THE STUDENT'S TENURE. THE STUDENTS ALSO PARTICIPATE IN A SERIES OF SEMINARS AND FIELD VISITS TO ACQUAINT THEM WITH THE MANY FACETS OF SOCIOLEGAL RESEARCH AND THE LEGAL SYSTEM. THE STUDENTS WORK FOR 35 HOURS A WEEK OVER A PERIOD OF 8 WEEKS. ALL REQUESTS FOR PAYMENT, INCLUDING SUPPORTING DOCUMENTATION, ARE REVIEWED IN ACCORDANCE WITH THE TERMS AND PURPOSE OF THE RELATED PROGRAM. MONTHLY REPORTS ARE SENT TO THE PROGRAM MANAGER.

Schedule I (Form 990)

100319_1

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

AMERICAN BAR FOUNDATION

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

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

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

Schedule J (Form 990) 2021

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

(A) Name and Title		compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) AJAY K. MEHROTRA	(i)	232,620.	34,545.	0.	27,402.	18,912.	313,479.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHARI DIAMOND	(i)	204,263.	0.	0.	20,798.	17,609.	242,670.	0.
RESEARCHER (ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELIZABETH MERTZ	(i)	177,520.	0.	0.	17,762.	10,784.	206,066.	0.
RESEARCHER	ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN SHAPIRO	(i)	155,930.	0.	0.	15,620.	5,375.	176,925.	0.
RESEARCHER (ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
(ii)							
	(i)							
(ii)							
	(i)							
(ii)							
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(ii)							
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	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
SCHEDULE J, PART I, LINE 7
AS INDICATED IN SCHEDULE J, PART II, CERTAIN INDIVIDUALS RECEIVED
BONUSES BASED ON PERFORMANCE. THESE BONUSES ARE APPROVED BY THE
EXECUTIVE COMMITTEE.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN BAR FOUNDATION

Employer identification number 36-6110271

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ON THE LAW. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HIGHEST QUALITY TO INFORM AND GUIDE THE LEGAL PROFESSION, THE ACADEMY AND SOCIETY IN THE UNITED STATES AND INTERNATIONALLY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: AND A RESEARCH COMMITTEE OF THE BOARD OF DIRECTORS. THE RESEARCH PROJECTS ARE THEN VOTED ON BY THE FULL BOARD OF DIRECTORS. FOR REVIEW INCLUDE THE SIGNIFICANCE OF THE STUDY AND THE COMPORTMENT OF ITS DESIGN WITH THE STANDARDS OF INTEGRITY AND SCHOLARSHIP. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: LAW & SOCIAL INQUIRY AND LIAISON EXPENSES \$ 121,592. INCLUDING GRANTS OF \$ 0. REVENUE \$ 60,132. SECTION A, LINE 6: FORM 990, PART VI, THE MEMBERS OF THE CORPORATION ARE THE PERSONS WHO FROM TIME TO TIME ARE MEMBERS OF THE BOARD OF GOVERNORS OF THE AMERICAN BAR ASSOCIATION. ANNUAL MEETING OF THE MEMBERS IS HELD IN EACH YEAR FOR THE PURPOSE OF ELECTING DIRECTORS AND FOR THE TRANSACTION OF SUCH OTHER BUSINESS AS MAY COME BEFORE THE MEETING. FORM 990, PART VI, SECTION A, LINE 7A:

132211 11-11-21

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

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

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

AMERICAN BAR FOUNDATION

Employer identification number 36-6110271

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

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

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

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

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

FILING. THE CHAIR OF THE FINANCE COMMITTEE AND THE TREASURER OF THE

GOVERNING BODY REVIEW THE FORM 990 BEFORE FILING. THEIR REVIEW INCLUDES A

CONFERENCE CALL DISCUSSION ABOUT THE DETAILS OF THE FORM 990 WITH MEMBERS

OF MANAGEMENT AND, AS NEEDED, THE CPA FIRM THAT PREPARES THE RETURNS.

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

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

CONFLICT OF INTEREST DISCLOSURE STATEMENT. POTENTIAL CONFLICTS ARE LOGGED

WITH AND MONITORED BY THE DIRECTOR OF OPERATIONS.

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

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

DETERMINING THE COMPENSATION OF THE FOUNDATION'S DIRECTOR. THE COMMITTEE,

CONSISTING ENTIRELY OF INDEPENDENT DIRECTORS, CONSIDERS THE PERFORMANCE OF

THE DIRECTOR AND COMPENSATION FOR DIRECTORS OF SIMILAR ORGANIZATIONS. THIS

PROCESS IS DOCUMENTED.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,AR,CA,CO,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NC,NH,NJ,NM,NY,OR,PA,RI,SC,TN

UT,VA,WI,WV,OH

Name of the organization AMERICAN BAR FOUNDATION	Employer identification number 36-6110271
FORM 990, PART VI, SECTION C, LINE 19:	30 0110271
	MIDOIGI
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE	
APPLICABLE GOVERNMENTAL AGENCIES; THE CONFLICT OF INTEREST	POLICY IS
AVAILABLE UPON WRITTEN REQUEST TO THE ORGANIZATION.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

36-6110271

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	I		I	Direct controlling entity)
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	n answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more rel	lated tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direct of	(f) controlling entity		g) 512(b)(13) rolled ity?
		, , , , , , , , , , , , , , , , , , , ,		501(c)(3))			Yes	No
AMERICAN BAR ASSOCIATION - 36-0723150								
321 N. CLARK STREET	PROFESSIONAL MEMBERSHIP		501/62/62					37
CHICAGO, IL 60654	ORGANIZATION	ILLINOIS	501(C)(6)					Х

AMERICAN BAR FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General of managin partner? Yes No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									
-									
	-								

Page 3

X

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		X
h	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1 <u>j</u>		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
	Performance of services or membership or fundraising solicitations for related organic				11		X
	Performance of services or membership or fundraising solicitations by related organi				1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				_1n		X
0	Sharing of paid employees with related organization(s)				10		X
	Reimbursement paid to related organization(s) for expenses				1p	X	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on wh	o must complete th	is line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved		
1) 2	AMERICAN BAR ASSOCIATION	P	428,156.	FAIR MARKET VALUE			
2)							
٥,							
3)							
4١							
4)							
5)							
<u> </u>							
6)							
	I 3 11-17-21		l	Schedule	2 (Eori	n 990	1 2021

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn Yes	(kal or Perceiging owne	k) entage ership
	-										
	_							Ochodolo			