Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2012

Department of the Treasury Internal Revenue Service

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For the	2012 calendar year, or	tax year beginn	ing	July 1	, 2012, a	and endir	ng	June 30	, 20 13
В	Check if a	applicable: C Name of	f organization					D Er	nployer ident	ification number
	Address	change Harvard	Club of Chicago					- 1	36-6	110239
	Name ch	ange Number ar	nd street (or P.O. bo	x, if mail is not delive	red to street address)		Room/suit	te E Te	lephone num	oer
F	Initial ret	IP O Box	350						847-2	256-1211
\vdash	Terminat Amended	City or tow	n, state or country,	and ZIP + 4				FG	roup Exemp	
H			th, IL 60043-0350)				N	umber ▶	
G		nting Method:		Other (specify)	• · · · · · · · · · · · · · · · · · · ·			H Chec	k ▶ √ if th	e organization is no
		te: ► www.harvardclu		outer (opening)						Schedule B
		mpt status (check only one		□ 501(c) ()	■ (insert no.) 1 4947	7(a)(1) or	□ 527			Z, or 990-PF).
	Check				ing organization or a			,		
		re than \$50,000. A Form								
		anization chooses to file				3) 11-000	postcard	, may be i	equired (sec	instructions). Dut ii
Ł	•	s 5b, 6c, and 7b, to line 9	•	•		or more. o	r if total as	sets (Part	11.	
		column (B) below) are \$500	_							404 77
		Revenue, Exper							- _	121,773
	Part I									
		Check if the organ								
	1	Contributions, gifts,	-						1	7,765
	2	Program service rev	_	-					2	81,171
	3	Membership dues ar	nd assessments	3					3	32,638
	4	Investment income							4	199
	5a	Gross amount from			•	5a			의	
	þ	Less: cost or other b				5b			0	
	C	Gain or (loss) from sa		ner than inventor	y (Subtract line 5b	from lin	ne 5a) .		5c	
	6	Gaming and fundrais	-							
Ø	a	Gross income from				1 1				
Ž		\$15,000)				6a			<u>0</u>	
Revenue	b	Gross income from f		-		<u>0</u> of 0	contribut	ions		
æ	İ	from fundraising eve								
		sum of such gross in				6b			<u>o</u>	
	C	Less: direct expense				6c			<u>o</u>	
	d	Net income or (loss)	from gaming	and fundraising	events (add lines (6a and	6b and	subtract	1080/4-201 H 201	
		line 6c)				,			6d	0
	7a	Gross sales of invent	ory, less return	s and allowances	S	7a			0	
	b	Less: cost of goods:				7b			0	
	C	Gross profit or (loss)							7c	0
	8	Other revenue (descr	ibe in Schedule	eO)					8	0
	9	Total revenue. Add							9	121,773
	10	Grants and similar ar							10	16,800
	11	Benefits paid to or fo							11	0
es	12	Salaries, other comp	ensation, and e	mployee benefits	3				12	0
Sus	13	Professional fees and	other paymen	ts to independen	t contractors				13	7,756
Expenses	14	Occupancy, rent, util							14	720
ш	15	Printing, publications							15	47,952
	16	Other expenses (des							16	66,843
	17	Total expenses. Add	l lines 10 throug	gh 16				>	17	140,071
S	18	Excess or (deficit) for							18	<18,298>
Se	19	Net assets or fund b							A K	
As		end-of-year figure rep	-	•					19	39,930
Net Assets	20	Other changes in net							20	<6>
ž	21	Net assets or fund ba	lances at end o	of year. Combine	lines 18 through 2	0 .		▶	21	21,624

Pa	Balance Sheets (see the instructions	,		B		
	Check if the organization used Schedul	le O to respond to	any question in this	Part II		(B) End of year
00	Cook sovings and investments		ļ		22	
22	Cash, savings, and investments			82,440	23	84,02
23	Land and buildings				-	0.00:
24 25	,		}	6,308 88,748		8,802
26				48,818		92,823
27	Net assets or fund balances (line 27 of colum			39,930		71,199 21,624
	t III Statement of Program Service Accor				21	
	Check if the organization used Schedul	• ,		,	/D	Expenses
Wha	t is the organization's primary exempt purpose?	(See Schedule O)	any queetien in the			quired for section (c)(3) and 501(c)(4)
Desc as n	cribe the organization's program service accompleasured by expenses. In a clear and concise rons benefited, and other relevant information for e	lishments for each of manner, describe the			4947	nizations and section 7(a)(1) trusts; optional others.)
28	Education: Over 9,000 Harvard alumni/ae in the are					
	membership ranges from 1,100 to 1,200. In FY13 th		r 35 programs with at	tendance		
	ranging from 10-140 each and total participation of		anta abaak bara		28a	50.037
29		t includes foreign gr			204	58,077
29	Scholarship: The Club donated \$15,000 scholarship	os for Unicago-area H	arvard freshmen.			
	(Grants \$ 15,000) If this amount	t includes foreign ar	ante check here	→ □	29a	15,000
30	Admissions: Approximately 250 alumni/ae voluntee				234	15,000
50	to Harvard College each year, out of which about 45					
	to Halvard College each year, out or which about 45	-30 are admitted by 1	di vara conege.			
	(Grants \$) If this amount	t includes foreign gr	ants, check here	• 🗇	30a	3,725
31	Other program services (describe in Schedule O)					3,723
•	(Grants \$ 1,800) If this amount			▶ □	31a	1,800
32	Total program service expenses (add lines 28a				32	78,602
Par					struct	
	Check if the organization used Schedule					
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employed benefit plans, and deferred compensation	O	Estimated amount of ther compensation
- Baird	, Stephen W.	-				
	, Stepnen W. Box 350, Kenilworth, IL 60043-0350	Vice President - 3	0		0	0
	an, Nancy					
	Box 350, Kenilworth, IL 60043-0350	Director - 1	0		ol	0
	stine, Richard C.				T	
P. O.	Box 350, Kenilworth, IL 60043-0350	Director - 1	0		0	0
Chan	, Shu Yan					
P. O.	Box 350, Kenilworth, IL 60043-0350	Director - 1	0		0	0
	Allison B.					
P. O.	Box 350, Kenilworth, IL 60043-0350	Director - 1	0	()	0
Croni	n, Michael J.					
P. O.	Box 350, Kenilworth, IL 60043-0350	Secretary - 2	0	(0
oshi	, Sameer H.	}			ĺ	
P. O.	Box 350, Kenilworth, IL 60043-0350	Director - 1	0			0
airba	ank, Kellogg	1			İ	
P. O.	Box 350, Kenilworth, IL 60043-0350	President - 4	0	(0
Sabb	ert, John C.]				
P. O.	Box 350, Kenilworth, IL 60043-0350	Director - 1	0	(0
Solla,	Clare					
. O. I	Box 350, Kenilworth, IL 60043-0350	Director - 1	0	(1	0
lamn	nerman, Alan H.					
P. O. I	350, Kenilworth, IL 60043-0350	Vice President - 3	0	(0
	ngs, Robert A.					
0	Box 350, Kenilworth, IL 60043-0350	Director - 1	ไ	ſ	}	0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V) Check if the organization used Schedule C to respond to any question in this	1 ait	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
c b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		✓
39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved			
b	section 4911 ▶ 0; section 4912 ▶ 0; section 4955 ▶ 0 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<u>✓</u>
41	List the states with which a copy of this return is filed ► None			
42a		47-256 60091-		
b	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)?			No /
	If "Yes," enter the name of the foreign country: ▶ n/a See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: n/a	42c		✓_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. ► Yes	n/a No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓.
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	45a		√
	Form 990-EZ (see instructions)	45b		√

	90-EZ (2012)							Page
46	Did the organization engage, directly o	r indirectly in political	campaign activities or	hehalf of or	in opposi	ition -	Yes	N SI SNEE
40	to candidates for public office? If "Yes	," complete Schedule (C, Part I			. 46	20 (618)(17)	360
Part	VI Section 501(c)(3) organization	ns only					-	-1
	All section 501(c)(3) organizati	ons must answer qu	estions 47-49b and	52, and cor	nplete th	e tables	for lin	nes
	50 and 51							
	Check if the organization used S	Schedule O to respon	d to any question in t	this Part VI	· · ·	<u> </u>	·	. 1
47	Did the organization engage in lobbying	na notivitios or hovo a	section E01(h) election	an in offoot d	uring the	tov [Yes	N
71	year? If "Yes," complete Schedule C, F							
48	Is the organization a school as described							١,
49a	Did the organization make any transfers							
b	If "Yes," was the related organization a							
50	Complete this table for the organization							
	employees) who each received more th	an \$100,000 of compe	nsation from the organ	,		e, enter "	None.'	,,
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health b	employee	(e) Estimat		
	paid more than \$100,000	devoted to position	(Forms W-2/1099-MISC)	benefit plans, as compens		other co	mpensa	tion
lone			<u> </u>	- compand				
OHC								

					i			
			1					
		İ			1			
f	Total number of other employees paid of	over \$100,000	. • 0					-
f 51	Complete this table for the organization	n's five highest compe	ensated independent	contractors	who each	received	more	tha
		n's five highest compe	ensated independent	contractors v	who each	received	more	tha
51	Complete this table for the organization	n's five highest compaganization. If there is no	ensated independent			received Compensat		tha
51 (a)	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest compaganization. If there is no	ensated independent one, enter "None."					tha
51 (a)	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest compaganization. If there is no	ensated independent one, enter "None."					tha
51	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest compaganization. If there is no	ensated independent one, enter "None."					tha
51 (a)	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest compaganization. If there is no	ensated independent one, enter "None."					tha
51 (a)	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest compaganization. If there is no	ensated independent one, enter "None."					tha
51 (a)	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest compaganization. If there is no	ensated independent one, enter "None."					tha
51 (a)	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest compaganization. If there is no	ensated independent one, enter "None."					tha
51 (a)	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest compaganization. If there is no	ensated independent one, enter "None."					tha
51 (a)	Complete this table for the organizatio \$100,000 of compensation from the organization	n's five highest compaganization. If there is no	ensated independent one, enter "None."					tha
(a) None	Complete this table for the organizatio \$100,000 of compensation from the organization and address of each independent contractor	n's five highest compaganization. If there is no paid more than \$100,000	ensated independent one, enter "None." (b) Type of servi		(c)	Compensat		• tha
(a) None	Complete this table for the organizatio \$100,000 of compensation from the organization f	n's five highest compaganization. If there is no paid more than \$100,000	ensated independent one, enter "None." (b) Type of servi	ice	(c)	Compensat		• tha
(a) None	Complete this table for the organizatio \$100,000 of compensation from the organization and address of each independent contractor	n's five highest compaganization. If there is no paid more than \$100,000 ractors each receiving A? Note: All section 5	ensated independent one, enter "None." (b) Type of servi	and 4947(a)(1	(c)	Compensat	ion	tha
(a) Jone d d s52	Complete this table for the organization \$100,000 of compensation from the organization contractor from the organization from the or	ractors each receiving A? Note: All section 5 a completed Schedules return, including accompany	over \$100,000	and 4947(a)(1	(c)	Compensat	ion	lo
(a) Jone d d s52	Complete this table for the organizatio \$100,000 of compensation from the organization complete Schedule nonexempt charitable trusts must attach	ractors each receiving A? Note: All section 5 a completed Schedules return, including accompany	over \$100,000	and 4947(a)(1	(c)	Compensat	ion	lo
(a) Jone d d s 52	Complete this table for the organizatio \$100,000 of compensation from the organization contractor. Total number of other independent control in the organization complete Schedule nonexempt charitable trusts must attack the properties of perjury, I declare that I have examined this frect, and complete. Declaration of preparer (other the	ractors each receiving A? Note: All section 5 a completed Schedules return, including accompany	over \$100,000	and 4947(a)(1	(c)	Compensat	ion	lo
(a) Jone d 52 nder paue, contign	Complete this table for the organization \$100,000 of compensation from the organization contractor. Total number of other independent contractor bid the organization complete Schedule nonexempt charitable trusts must attack enalties of perjury, I declare that I have examined this feet, and complete. Declaration of preparer (other the Signature of officer	ractors each receiving A? Note: All section 5 a completed Schedules return, including accompany	over \$100,000	and 4947(a)(1	(c)	Compensat	ion	lo
(a) Jone d 52 nder paue, contign	Complete this table for the organizatio \$100,000 of compensation from the organization contractor. Total number of other independent contractor in the organization complete Schedule nonexempt charitable trusts must attack the organization of preparer (other the organization of preparer (other the organization of officer in the organization of officer in the organization of officer in the organization of officer in the organization of officer in the organization of officer in the organization of officer in the organization of officer in the organization of officer in the organization of officer in the organization of officer in the organization of officer in the organization of officer in the organization of organization of officer in the organization of organization of organization of organization of organization of organization of organization of organization of organization or	ractors each receiving A? Note: All section 5 a completed Schedules return, including accompany	over \$100,000	and 4947(a)(1	(c)	Compensat	ion	lo
(a) Jone d 552 Inder peue, con	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization and address of each independent contractor. Total number of other independent contractor. Did the organization complete Schedule nonexempt charitable trusts must attack enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other the Signature of officer Stephen P. Lucado, Treaurer Type or print name and title	ractors each receiving A? Note: All section 5 a completed Schedules return, including accompany	over \$100,000	and 4947(a)(1 nts, and to the beas any knowledge Date	(c) (d) (e) (e) (e) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Compensat	ion	lo
(a) Jone d d 552 Inder paue, contiggn lere	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization and address of each independent contractor. Total number of other independent control did the organization complete Schedule nonexempt charitable trusts must attack enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other the signature of officer Stephen P. Lucado, Treaurer Type or print name and title Print/Type preparer's name	ractors each receiving A? Note: All section 5 a completed Schedules return, including accompany	over \$100,000	and 4947(a)(1 nts, and to the beas any knowledge	(c) (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Compensat Yes wledge and PTIN	□ N	Jo_ it is
(a) None d 52 Inder peue, continue,	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization and address of each independent contractor. Total number of other independent contractor. Did the organization complete Schedule nonexempt charitable trusts must attack enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other the signature of officer.) Signature of officer. Stephen P. Lucado, Treaurer. Type or print name and title. Print/Type preparer's name. Walter L. Keats	ractors each receiving A? Note: All section 5 n a completed Schedules return, including accompany an officer) is based on all info	over \$100,000	and 4947(a)(1 nts, and to the beas any knowledge	(c) (c) (d) (set of my known) (c) (c) (d) (d) (d) (e)	Compensat Yes wledge and PTIN	ion	Jo it is
(a) None d 52 Inder paue, continue,	Complete this table for the organization \$100,000 of compensation from the organization from the organization from the organization and address of each independent contractor. Total number of other independent contractor. Did the organization complete Schedule nonexempt charitable trusts must attack enalties of perjury, I declare that I have examined this rect, and complete. Declaration of preparer (other the signature of officer.) Signature of officer. Stephen P. Lucado, Treaurer. Type or print name and title. Print/Type preparer's name. Walter L. Keats	ractors each receiving A? Note: All section 5 n a completed Schedulis return, including accompany an officer) is based on all info	over \$100,000	and 4947(a)(1	(c) (c) (d) est of my kno color Check self-employe EIN	Compensat Yes wledge and PTIN	N belief, i	lo it is

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization Employer identification number Harvard Club of Chicago 36-6110239 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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: 5 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). 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 organization that normally receives: (1) more than 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. **c** Type III–Functionally integrated a 🗌 Type I **b** Type II **d** Type III-Non-functionally integrated e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Did you notify (vii) Amount of monetary (vi) is the in col. (i) listed in your support organization (described on lines 1-9 the organization in organization in col. col. (i) of your governing document? (i) organized in the above or IRC section support? U.S.? (see instructions)) Yes Yes No (A) (B) (C) (D) (E) Total

Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. . . . The portion of total contributions by person (other than governmental unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. Section B. Total Support (g) 2010 (a) 2008 (b) 2009 (d) 2011 (e) 2012 (f) Total Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) % 14 14 Public support percentage from 2011 Schedule A, Part II, line 14 % 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test-2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	60,861	68,694	56,444	58,173	40,403	284,575
2	Gross receipts from admissions, merchandise				00/110		
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	79,472	98,027	79,131	68,476	81,171	406,277
3	Gross receipts from activities that are not an	13,412	30,027	79,131	00,470	01,171	400,277
•	unrelated trade or business under section 513			0			0
		0	0	0	. 0	0	0
4			1			j	
	organization's benefit and either paid to or expended on its behalf		_ [_		
_	•	0	0	0	0	0	0
5	The value of services or facilities			}			
	furnished by a governmental unit to the	ĺ			ŀ	j	
	organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	140,333	166,721	135,575	126,649	121,574	690,852
7a	* *			Į.			
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified			}			
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year	o	o	o	0	o	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						690,852
Sect	ion B. Total Support	A DESCRIPTION OF THE PROPERTY OF THE PARTY O	NEOS TRANSPORTATION AND ADMINISTRATION OF SECURITION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND AD		my core to a new control of	STATE OF THE PARTY OF	000,002
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	140,333	166,721	135,575	126,649	121,574	690,852
10a		140,333	100,721	133,373	120,043	121,574	030,032
104	payments received on securities loans, rents,				[
	royalties and income from similar sources .	880	1,459	391	152	199	3,081
b	Unrelated business taxable income (less	880	1,435	351	132	199	3,001
	section 511 taxes) from businesses			1			
	acquired after June 30, 1975	0	0	0	0	0	0
_	Add lines 10a and 10b				152	199	3.001
C	Net income from unrelated business	880	1,459	391	152	199	3,081
11	activities not included in line 10b, whether						
	or not the business is regularly carried on			1			
40	· · · · · · · · · · · · · · · · · · ·	0	0	0		0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	ļ			1		
	(Explain in Part IV.)	0	0		0	0	0
13	Total support. (Add lines 9, 10c, 11,]	
	and 12.)	141,213	168,180	135,966	126,801	121,773	693,933
14	First five years. If the Form 990 is for th	-	s first, second,	third, fourth,	or fifth tax yea	r as a section	501(c)(3)
	organization, check this box and stop her				· · · · · ·	<i></i>	▶ ∐
	on C. Computation of Public Suppor						
15	Public support percentage for 2012 (line 8		-			15	100 %
16	Public support percentage from 2011 Sch					16	99 %
Secti	on D. Computation of Investment Inc	ome Percent	tage				
17	Investment income percentage for 2012 (li	ne 10c, columr	(f) divided by	line 13, colum	n (f))	17	0 %
18	Investment income percentage from 2011	Schedule A, Pa	art III, line 17.			18	2 %
19a	331/3% support tests-2012. If the organize						
	17 is not more than 331/3%, check this box a	ind stop here. T	he organization	qualifies as a p	publicly support	ted organization	n . 🕨 🔽
b	331/3% support tests-2011. If the organiza	ation did not che	eck a box on lin	ne 14 or line 19	a, and line 16 is	s more than 33	¹ /3%, and
	line 18 is not more than 331/3%, check this b	ox and stop nei	e. The organiza	ation qualifies a	s a publicly sup	poπeα organiz	ation ► _

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See	Page
	instructions).	
None		/
		7
	/	
	////	

	<i>*</i>	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Harvard Club of Chicago	36-6110239

Part I, Line 10: The Club made a contribution of \$15,000 to the Harvard Club of Chicago Scholarship Endowment Fund maintained and
controlled by Harvard University to provide part of the funds needed for scholarships for Chicago-area freshmen at Harvard College. The
Financial Aid Office at Harvard determiens the recipients of these scholarship funds. In addition the Club made a donation of \$1,800 to
the Center for Public Interest Careers at Harvard to help fund several summer internships for Harvard undergraduates working with
Chicago-area non-profit organizations.
Part I, Line 16: Includes direct costs for program activities as well as liability insurance of \$500.
Part I, Line 20: Accounting adjustment.
Part II, Line 24: Other Assets includes \$5,500 of book inventory, \$2,758 of pre-paid awards, and \$544 of pre-paid postage.
Part II, Line 26: Liabilities includes \$33,000 set aside for scholarships for graduate students at Harvard; \$940 of Accounts Payable to the
Harvard Business School Club of Chicago for joint programs and joint mailing fees; \$9,218 of Accounts Payable for FY13 programs not
invoiced in FY13; \$666 for Deferred Revenue for FY14 programs received in FY13; \$1,800 for Accounts Payable for FY13 Community Service
internships (see Part III, Line 31); \$7,600 for a software program for the Schools Committee application process; \$666 for Deferred Revenue
for FY14 programs received in FY13; and \$17,975 for Deferred Revenue for FY14 membership dues received in FY13.
Part III: The Club's primary exempt purposes are to promote the interests of Harvard University in the Chicago area; to interest students in
the area to apply to Harvard; and to promote and engage in educational and community service activities for members and the community.
Part III, Line 31: The Club's Community Service program provided \$1,800 for summer internships for Harvard undergraduates working at
Chicago-area non-profit organizations.
Part IV: All the following can be contacted at P. O. Box 350, Kenilworth, IL 60043-0350: Hochstadt, Bruce, Director - 1, 0, 0, 0; Hodakowski,
George T., Director - 1, 0, 0, 0; Jablonski, Carrie A., Director - 1, 0, 0, 0; Jacobs, J. Ethan, Director - 1, 0, 0, 0; Keats, Walter L., Director - 1, 0,
Knoebel, John E., Jr., Director - 1, 0, 0, 0; Le, DoanNhi Dona, Director - 1, 0, 0, 0; Lucado, Stephen P., Treasurer - 2, 0, 0, 0; Mann, David E.,
Director - 1, 0, 0, 0; McCullagh, Suzanne F., Director - 1, 0, 0, 0; McCurry, Margaret I., Director - 1, 0, 0, 0; McGee, Leonard E., Director - 1, 0,
0, 0; Minkoff, Reva, Director - 1, 0, 0, 0; Nagle, James L., Director - 1, 0, 0, 0; Palay, Robert J., Director - 1, 0, 0, 0; Palmer, Julie Gage,
Director - 1, 0, 0, 0; Reed, Irene M., Director - 1, 0, 0, 0; Ristic, Blasko C., Director - 1, 0, 0, 0; Rozner, Elory A., Director - 1, 0, 0, 0;
Satalic, John M., Director - 1, 0, 0, 0; Schneider, Joel H., Director - 1, 0, 0, 0; Shepro, Richard W., Past President - 1, 0, 0, 0;
Skinner, Honey Jacobs, Director - 1, 0, 0, 0; Troy, Anne B., Director - 1, 0, 0, 0; Wang, Kate, Director - 1, 0, 0, 0.

For assistance, call: 1-877-829-5500 FAX 801-620-5670

Notice Number: CP211A Date: December 2, 2013

Taxpayer Identification Number:

36-6110239 Tax Form: 990

Tax Period: June 30, 2013

Department of the Treasury
Internal Revenue Service
Ogden UT 84201

201346



HARVARD CLUB OF CHICAGO PO BOX 350 KENILWORTH IL 60043-0350

001789

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

К

IRS USE ONLY

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is February 15, 2014.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.