

Form **990-EZ**

**Short Form**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

**2003**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2003 calendar year, or tax year beginning** Aug 1, 2003, and ending July 31, 2003

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

Chicago Council of Lawyers

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

750 N. Lake Shore Dr. 4th FL

City or town, state or country, and ZIP + 4

Chicago, IL 60611

**D** Employer identification number

36 : 2696733

**E** Telephone number

(312) 988-6565

**F** Group Exemption Number . . . ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ www.chicagocouncil.org

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J** Organization type (check only one)— 501(c) (6) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received		1	10225
2	Program service revenue including government fees and contracts		2	0
3	Membership dues and assessments		3	45535
4	Investment income		4	
5a	Gross amount from sale of assets other than inventory	5a 0	5c	0
b	Less: cost or other basis and sales expenses	5b 0		
c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)			
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		6c	0
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a 10		
b	Less: direct expenses other than fundraising expenses	6b 0		
7a	Gross sales of inventory, less returns and allowances	7a 0	7c	0
b	Less: cost or other basis of goods sold	7b 0		
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)			
8	Other revenue (describe ▶)		8	803
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		9	56563
10	Grants and similar amounts paid (attach schedule)		10	0
11	Benefits paid to or for members		11	0
12	Salaries, other compensation, and employee benefits		12	0
13	Professional fees and other payments to independent contractors		13	575
14	Occupancy, rent, utilities, and maintenance		14	20607
15	Printing, publications, postage, and shipping		15	4126
16	Other expenses (describe ▶ <u>See Schedule I</u> )		16	30403
17	<b>Total expenses</b> (add lines 10 through 16)		17	55711
18	Excess or (deficit) for the year (line 9 less line 17)		18	852
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	-511
20	Other changes in net assets or fund balances (attach explanation)		20	0
21	Net assets or fund balances at end of year (combine lines 18 through 20)		21	321

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	244	22 321
23 Land and buildings	0	23 0
24 Other assets (describe ▶)	0	24 0
25 <b>Total assets</b>	244	25 321
26 <b>Total liabilities</b> (describe ▶ <u>see Schedule 2</u> )	775	26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	-531	27 321

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

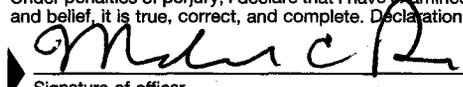
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16B

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	Evaluation of judges, research and advocacy related to the administration of justice (Grants \$ )	28a
29	(Grants \$ )	29a
30	(Grants \$ )	30a
31	Other program services (attach schedule) (Grants \$ )	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Schedule 3				

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	<input checked="" type="checkbox"/>	
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	<input checked="" type="checkbox"/>	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		<input checked="" type="checkbox"/>
b	Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a	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 unpaid at the start of the period covered by this return?	<input checked="" type="checkbox"/>	
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		<input checked="" type="checkbox"/>
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		<input checked="" type="checkbox"/>
b	Gross receipts, included on line 9, for public use of club facilities 39b		<input checked="" type="checkbox"/>
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		<input checked="" type="checkbox"/>
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		<input checked="" type="checkbox"/>
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		<input checked="" type="checkbox"/>
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ Illinois		<input checked="" type="checkbox"/>
42	The books are in care of ▶ Malcolm C. Rich Telephone no. ▶ (312) 988-6552 Located at ▶ 750 N. Lake Shore Dr. 4th Floor ZIP + 4 ▶		<input checked="" type="checkbox"/>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43		<input type="checkbox"/>

Please Sign Here	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 		Date 8/31/05	
Paid Preparer's Use Only	Type or print name and title. Malcolm C. Rich Executive Director		Preparer's signature	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Date	Check if self-employed <input type="checkbox"/>	EIN
				Phone no.

Schedule 1

Question 16 Other expenses

\$10,225: Voluntary contributions to the Fund For Justice provided as part of the membership dues paid by members of the Chicago Council of Lawyers

\$20,178: Paid by the Council to the Fund For Justice as part of a loan staff arrangement.

Schedule 2

Question 26(B): A \$775 loan outstanding at the beginning of the year was repaid.

**Schedule 3**  
**Chicago Council of Lawyers Board Members**

Each Board member and officer provides about one hour per week. None are compensated. There are no contributions to employee benefit plans and deferred compensation. There is no expense account.

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