

Form 990EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 08-01-2020, and ending 07-31-2021

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: CHICAGO COUNCIL OF LAWYERS. % Malcolm Rich. Number and street (or P. O. box, if mail is not delivered to street address): 750 N LAKE SHORE DR FL 4TH. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: CHICAGO, IL 606114557

D Employer identification number: 36-2696733. E Telephone number. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

H Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.chicagocouncil.org

J Tax-exempt status (check only one) - 501(c)(3), 501(c)(6), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 26,285

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 9 rows for Revenue. Columns include description, sub-rows (5a, 5b, 6a, 6b, 6c, 7a, 7b, 7c), and total revenue of 26,285.

Table with 7 rows for Expenses. Columns include description and total expenses of 26,005.

Table with 4 rows for Net Assets. Columns include description and total net assets of 42,930.

For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets(see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	42,650	22 42,930
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	0	24 0
25 Total assets	42,650	25 42,930
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	42,650	27 42,930

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
publiceducation,research,andadvocacyaroundcourtreform.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Evaluationofjudges.Statecourtjudgesareevaluatedandtheresultsaredistributedtothepublic
 (Grants \$ 0) If this amount includes foreign grants, check here

29 Educationalprogramsforthepubliconcourtreform.
 (Grants \$ 0) If this amount includes foreign grants, check here

30
 (Grants \$) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O)
 (Grants \$) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a)

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28a	8,000
29a	4,500
30a	
31a	
32	12,500

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated ; see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(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 employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Ellyn Rosen President	1.00	0		
David Schrodt Vice President and Treasurer	1.00	0		
Mark Dupont Secretary	1.00	0		
Ann MacDonald Director	1.00	0		
Natalia Vera Director	1.00	0		
John Elson Director	1.00	0		
Steven Art Director	1.00	0		
Aviva Futorian Director	1.00	0		
Robert Lehrer Director	1.00	0		
Randal Wexler Director	1.00	0		
Michael Krelloff Director	1.00	0		
Malcolm Rich Executve Director on loan from Fund for Justice dba Chicago Appleseed	15.00	14,400		

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		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		No
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.		No
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)?		No
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		
c	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		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b	Did the organization file Form 1120-POL for this year?		No
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 outstanding at the end of the tax year covered by this return?		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a _____		
b	Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	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		No
41	List the states with which a copy of this return is filed. ▶ <u>IL</u>		
42a	The organization's books are in care of ▶ <u>Malcolm Rich</u> Telephone no. ▶ <u>(312) 988-6552</u> Located at ▶ <u>750 N Lake Shore Dr 4th Floor Chicago, IL</u> ZIP + 4 ▶ <u>60611</u>		

		Yes	No
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)? 42b		
	If "Yes," enter the name of the foreign country: ▶ _____		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the U.S.? 42c		
	If "Yes," enter the name of the foreign country: ▶ _____		

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 **43** _____

		Yes	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		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44b			No
c	Did the organization receive any payments for indoor tanning services during the year?		No
44c			No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
44d			
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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 Form 990-EZ (see instructions)

45b

No

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	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All section 501(c)(3) organizations must attach a completed Schedule A

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.

Sign Here

Signature of officer: Malcolm Rich Executive Director
 Date: 2022-02-17

Print/Type preparer's name | Preparer's signature | Date | Check if PTIN

Paid Preparer Use Only

	self-employed
Firm's name ▶	Firm's EIN ▶
Firm's address ▶	Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Form **990-EZ** (2020)

Additional Data

Return to Form

Software ID: 20012075
Software Version: V1.0

Form 990-EZ, Special Condition Description:

Special Condition Description

efile Public Visual Render | **ObjectID: 202200499349200400 - Submission: 2022-02-17** | **TIN: 36-2696733**

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

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Name of the organization
CHICAGO COUNCIL OF LAWYERS

Employer identification number

36-2696733

Return Reference	Explanation
Part I, line 16	Other Expenses:, Amount: Payment to Fund for Justice dba Chicago Appleseed for a staff loan arrangement:14400 Payment to Fund for Justice dba Chicago Appleseed for revenue to Chicago Council of Lawyers earmarked as a contribution to the Fund for Justice dba Chicago Appleseed: \$8100, \$22500

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

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Schedule O (Form 990 or 990-EZ) 2020

Additional Data

Return to Form

Software ID:
Software Version: