** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

| <u>A I</u> | For the 2 | 2020 calendar year, or tax year beginning and end | ling | | |
|--------------------------------|-----------------------------|---|-----------------|--|----------------------------------|
| B | Check if applicable: | C Name of organization CHICAGO LAWYERS COMMITTEE | | D Employer identific | cation number |
| | Address change | FOR CIVIL RIGHTS UNDER LAW, INC. | | | |
| | Name change | Doing business as | | 51-01892 | 64 |
| | Initial return | , | | E Telephone number | |
| | Final return/ termin- | 100 N. LASALLE ST. 60 | 0 | 312-630- | |
| Г | ated Amende | City or town, state or province, country, and ZIP or foreign postal code CHICAGO, IL 60602 | | G Gross receipts \$ | 2350246. |
| F | ⊥return ∏Applica- | F Name and address of principal officer:BONNIE ALLEN | | H(a) Is this a group re | |
| | ⊥tiòn pending | SAME AS C ABOVE | | for subordinates H(b) Are all subordinates in | |
| _ | Tay-eyen | npt status: X 501(c)(3) | 527 | | list. See instructions |
| | | : ► WWW.CLCCRUL.ORG | 0Z1 | H(c) Group exemption | |
| | | rganization: X Corporation Trust Association Other | I Year o | | 1 State of legal domicile: IL |
| | | Summary | L 100.10 | 7 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | - Ciato or logal dollilollo, — — |
| | | riefly describe the organization's mission or most significant activities: SECURE | RAC | IAL EQUITY | AND |
| Governance | E | CONOMIC OPPORTUNITY FOR ALL | | ~ | |
| ern; | 2 C | heck this box if the organization discontinued its operations or disposed | of more | than 25% of its net as | |
| Š | 3 N | umber of voting members of the governing body (Part VI, line 1a) | | 3 | 21 |
| <u>ھ</u> | | umber of independent voting members of the governing body (Part VI, line 1b) $$ | | | 21 |
| es | 5 T | otal number of individuals employed in calendar year 2020 (Part V, line 2a) | | 5 | 25 |
| ΞĘ | | otal number of volunteers (estimate if necessary) | | | 0 |
| Activities & | 7 a To | otal unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| _ | b N | et unrelated business taxable income from Form 990-T, Part I, line 11 | | 7b | 0. |
| | | | | Prior Year | Current Year |
| Revenue | | ontributions and grants (Part VIII, line 1h) | | 2682829. | 2296676. |
| | | rogram service revenue (Part VIII, line 2g) | | 845639. | 42915. |
| Вè | | vestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 8559. | 10655. |
| _ | 1 | ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -101205. | -48353. |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3435822. | 2301893. |
| | | rants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | | enefits paid to or for members (Part IX, column (A), line 4) | | 0. | 1722555 |
| ses | 15 S | alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1500700. | 1723555. |
| Expenses | 16a P | rofessional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| Ä | b T | otal fundraising expenses (Part IX, column (D), line 25) 241549 | | 547212. | 466026. |
| _ | 17 0 | ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2047912. | 2189581. |
| | 1 | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1387910. | 112312. |
| <u>_ s</u> | 19 R | evenue less expenses. Subtract line 18 from line 12 | | | |
| Net Assets or Fund Balances | 00 - | and accords (Dark V. Broad O) | Bei | ginning of Current Year 2192820. | End of Year 2141101. |
| Sse Bala | 20 T | otal assets (Part X, line 16) | | 316888. | 139524. |
| let / | 21 T | otal liabilities (Part X, line 26) | ··· | 1875932. | 2001577. |
| | 22 N art II | et assets or fund balances. Subtract line 21 from line 20 | | 1073332. | 2001377. |
| _ | | es of perjury, I declare that I have examined this return, including accompanying schedules and | d stateme | ents, and to the hest of my | v knowledge and helief it is |
| | - | and complete. Declaration of preparer (other than officer) is based on all information of which | | | y Kilowiougo alia bolloi, it lo |
| | 1 | and sompress zoom and it propagation (canot main smoot) to success on an intermediation of minoring | propulo: | l l | |
| Sig | ո | Signature of officer | | Date | |
| Her | | BONNIE ALLEN, EXECUTIVE DIRECTOR | | | |
| | - [] | Type or print name and title | | | |
| | F | Print/Type preparer's name Preparer's signature | | ate Check | PTIN |
| Pai | | OBERT REHAYEM ROBERT REHAYEM | 1 | 0/27/21 if self-employed | P00075874 |
| Pre | | irm's name ▶ WSDD CPAS, LTD. | | Firm's EIN ▶ | 36-2996439 |
| Use | Only F | irm's address 303 W. MADISON ST., SUITE 2075 | | | |
| | | CHICAGO, IL 60606-3395 | | Phone no. (3 | 12) 332-6622 |
| Ma | y the IRS | 6 discuss this return with the preparer shown above? See instructions | | | X Yes No |
| | | | | | |

| Pai | Check if Schedule O contains a response or note to any line in this Part III |
|-----|--|
| _ | |
| 1 | Briefly describe the organization's mission: THE ORGANIZATION ADVANCES RACIAL EQUITY AND ECONOMIC OPPORTUNITY FOR |
| | ALL THROUGH PARTNERSHIPS WITH THE PRIVATE BAR AND COMMUNITY-BASED |
| | ORGANIZATIONS LOCATED IN OR SERVING BLACK AND BROWN COMMUNITIES IN THE |
| | CHICAGO REGION. |
| 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? |
| • | If "Yes," describe these changes on Schedule O. |
| 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. |
| 4a | (Code:) (Expenses \$ 281348 • including grants of \$) (Revenue \$ 12987 • |
| | TRANSACTIONAL LEGAL ASSISTANCE: WE PROVIDE TRANSACTIONAL LEGAL |
| | ASSISTANCE THAT HELPS TO CREATE, BUILD, AND SUPPORT NONPROFIT |
| | ORGANIZATIONS FOCUSED ON ECONOMIC DEVELOPMENT AND SOCIAL SERVICES IN |
| | HISTORICALLY DISINVESTED COMMUNITIES OF COLOR. WE ALSO OFFER A WIDE |
| | RANGE OF INFORMATION, TECHNICAL ASSISTANCE AND LEGAL SERVICES TO HELP |
| | ENTREPRENEURS/SMALL BUSINESSES OPERATING IN HISTORICALLY DISINVESTED |
| | COMMUNITIES OF COLOR. |
| | |
| | |
| | |
| | |
| 4b | (Code:) (Expenses \$ 522512 · including grants of \$) (Revenue \$ 2928 · |
| 70 | EQUITABLE COMMUNITY DEVELOPMENT AND HOUSING: WE WORK WITH GRASSROOTS |
| | ORGANIZATIONS AND COALITIONS IN COMMUNITIES MOST AFFECTED BY POVERTY, |
| | RACIAL DISPARITIES, GENTRIFICATION, AND DISPLACEMENT. OUR INVOLVEMENT |
| | HELPS COMMUNITIES THAT HAVE BEEN HISTORICALLY MARGINALIZED FIND |
| | INNOVATIVE WAYS TO SECURE INVESTMENTS IN, AND COMMITMENTS TO, |
| | AFFORDABLE HOUSING, LOCAL HIRING, AND ENVIRONMENTAL JUSTICE. WE ALSO |
| | PROVIDE LEGAL ADVICE AND SUPPORT TO GROUPS ESTABLISHING COMMUNITY |
| | ZONING BOARDS, COMMUNITY LAND TRUSTS, AND USING OTHER APPROACHES TO |
| | ENSURE THAT THE DEVELOPMENT IN THEIR COMMUNITIES IS RESPONSIVE TO |
| | COMMUNITY NEEDS AND DESIRES. OUR HOUSING GROUP WORKS TO PROMOTE ACCESS |
| | TO FAIR, SAFE, AND AFFORDABLE HOUSING OPPORTUNITIES. |
| | 224062 |
| 4c | (Code:) (Expenses \$ 324063 · including grants of \$) (Revenue \$ |
| | VOTING RIGHTS AND CIVIC EMPOWERMENT: OUR VOTING RIGHTS AND CIVIC |
| | EMPOWERMENT WORK IS DESIGNED TO ENSURE EQUITABLE ACCESS FOR ALL |
| | CITIZENS-ESPECIALLY THOSE WHO HAVE BEEN HISTORICALLY DISENFRANCHISED OR UNDER-REPRESENTED-IN THE ELECTION PROCESS AND CIVIC DECISION MAKING. |
| | UNDER-REPRESENTED-IN THE ELECTION PROCESS AND CIVIC DECISION MAKING. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4d | Other program services (Describe on Schedule O.) |
| | (Expenses \$ 505384 • including grants of \$) (Revenue \$ 27000 •) |
| 46 | Total program service expenses ► 1633307. |

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CHICAGO LAWYERS COMMITTEE FOR CIVIL RIGHTS UNDER LAW, INC.

Form 990 (2020)

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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 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 Revenue Procedure 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 | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | х |
| 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? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 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 | Х | |
| 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 | | Х |
| 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 | | X |
| 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 |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 1.0 | | |
| - | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? 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 | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| 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 | 1/h | | X |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | 14b | | |
| | 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 | | | х |
| 17 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | ^ |
| " | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | ├ <i>``</i> | | - |
| | 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 | | Х |
| 2 0a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |

CHICAGO LAWYERS COMMITTEE

Form 990 (2020)

FOR CIVIL RIGHTS UNDER LAW, INC.

Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 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 Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b 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 Х 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV Х X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If Х "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V. line 1 34 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, 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," 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? Х 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 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

032004 12-23-20

(gambling) winnings to prize winners?

Page **5**

CHICAGO LAWYERS COMMITTEE

Form 990 (2020)

FOR CIVIL RIGHTS UNDER LAW, INC.

| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | | | | | | |
|-----|---|-----|-----|----|--|--|--|--|--|
| | | | 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 25 | | | | | | | | |
| 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 <i>e-file</i> (see instructions) | | | | | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | Х | | | | | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | |
| | 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 | | Х | | | | | |
| 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 | 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | | | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | Х | | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | | | | | |
| | 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 | | Х | | | | | |
| 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). | | | | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | Х | | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | X | | | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | | | | | | |
| | to file Form 8282? | 7c | | Х | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | | | | | | |
| е | 51.11 | | | | | | | | |
| f | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | | | | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | |
| h | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| 9 | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| 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 | | | | | | | | |
| | Enter the amount of reserves on hand | 14a | | X | | | | | |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | | | | | | | | |
| b | b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | | | | | | | | |
| 15 | | | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | X | | | | | |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | 77 | | | | | |
| | 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. | | | | | | | | |

51-0189264

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.

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | | | |
|-----|--|------------|---------|------|--|--|--|--|--|
| 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 | | | | | | | | |
| | 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. | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 21 | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | | | | | | | | |
| | officer, director, trustee, or key employee? | 2 | | X | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | | Х | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | |
| | more members of the governing body? | 7a | | X | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | |
| | persons other than the governing body? | 7b | | Х | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | |
| а | The governing body? | 8a | X | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | |
| _ | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | |
| | | | Yes | No | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | 77 | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Х | | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | 77 | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | 37 | | | | | | |
| | in Schedule O how this was done | 12c | X | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Λ | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | |
| _ | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | 45- | v | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | |
| D | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | 15b | -22 | | | | | | |
| 160 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | |
| iva | | 16a | | Х | | | | | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | IVa | | - 11 | | | | | |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | |
| | | 16b | | | | | | | |
| Sec | exempt status with respect to such arrangements?tion C. Disclosure | 100 | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶IL | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 | s only |) avail | able | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | , 5 51 119 | , | | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | d finar | ncial | | | | | | |
| | 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 books and records | | | | | | | | |
| | OI ENG-CRANDUS - 312-630-9744 | | | | | | | | |
| | 100 N. LASALLE ST., SUITE 600, CHICAGO, IL 60602 | | | | | | | | |

Form 990 (2020)

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | (C) | | (D) | (F) | | | | | |
|-------------------------|-------------------|--------------------------------|---|----------|--------------|---------------------------------|-----------|---------------------------------|-----------------|--------------------------|
| Name and title | Average | (do | Position | | Reportable | Reportable | Estimated | | | |
| | hours per | box | (do not check more than one box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | |
| | week | - | cer an | id a d | recto | or/trus | tee) | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | or di | ee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | rustee | l trust | | ee Ge | nben | | (44-2/1099-141130) | | and related |
| | below | dualt | Institutional trustee | _ | Key employee | Highest compensated employee | | | | organizations |
| | line) | Indivi | Institi | Officer | Key e | Highe emplo | Former | | | |
| (1) LAUREN M. LOEW | 1.00 | | | | | | | | | |
| PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (2) QUINN K. RALLINS | 1.00 | | | | | | | | | |
| VICE PRESIDENT | | Х | | Х | | | | 0. | 0. | 0. |
| (3) CAROLINE MCCOY | 1.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (4) JOSE BEHAR | 1.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (5) LINTON J. CHILDS | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) BENJAMIN J. CROWDER | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) ADAM DIEDERICH | 1.00 | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (8) BRENNA K. DEVANEY | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (9) EDWARD W. FELDMAN | 1.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (10) SUNIL GARG | 1.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) CARONINA GRIMBLE | 1.00 | | | | | | | _ | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) MICHELLE KILKENNEY | 1.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) STUART M. LITWIN | 1.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) NANCY L. MALDONADO | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) LISA S. MEYER | 1.00 | | | | | | | | | |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (16) MATTHEW J. MILLER | 1.00 | | | | | | | | | ^ |
| DIRECTOR | 1 00 | Х | | | _ | _ | _ | 0. | 0. | 0. |
| (17) MICHAEL PARKS | 1.00 | ,, | | | | | | | | ^ |
| DIRECTOR | <u> </u> | Х | | <u> </u> | L | | | 0. | 0. | 0. |

Page **8**

| Part VII Section A. Officers, Directors, T | (B) | | CCS | | C) | igiic | 31 (| (D) | (E) | \neg | | (F) | |
|---|----------------------|--------------------------------|---|----------|--------------|------------------------------|--------------------|---------------------------------|--------------------|----------------|---------|-----------------|------------|
| Name and title | Average | l , . | | Position | | | | Reportable | Reportable | | Es | timate | ed |
| | hours per | box | (do not check more than one box, unless person is both ar officer and a director/trustee) | | | is bot | h an | compensation | compensation | | an | nount | of |
| | week | <u> </u> | cer ar | nd a d | lirecto | or/trus | itee) | from | from related | | | other | |
| | (list any hours for | recto | | | | | | the | organizations | | | • | |
| | related | or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC | ⁱ⁾ | | om th anizat | |
| | organizations | Individual trustee or director | Institutional trustee | | ee/ | mpen | | (** 2/ 1033 1/1100) | | | _ | d relat | |
| | below | idual | ution | | (oldm | est co oyee | e | | | | | anizati | |
| | line) | Indiv | Instit | Officer | Key employee | Highest compensated employee | Form | | | | | | |
| (18) ALLISON N. POWERS | 1.00 | | | | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (19) KEENAN J. SAULTER | 1.00 | | | | | | | | | | | | _ |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (20) MAX A. STEIN | 1.00 | ↓ | | | | | | | | | | | _ |
| DIRECTOR | 1 00 | Х | | | | | | 0. | | 0. | | | 0. |
| (21) DONNA J. VOBORNIK | 1.00 | ١ | | | | | | | | ا ۸ | | | _ |
| DIRECTOR | 40.00 | Х | | | | | | 0. | | 0. | | | 0. |
| (22) BONNIE ALLEN | 40.00 | 1 | | ,, | | | | 140565 | | ا ۸ | | 111 | - 2 |
| EXECUTIVE DIRECTOR | 40.00 | _ | | Х | | - | | 149565. | | 0. | | 114 | 53. |
| (23) ANEEL CHABLANI | 40.00 | 4 | | | | ٠, | | 129590. | | ا ۸ | | 1 0 4 | 27 |
| ADVOCACY DIRECTOR | 40.00 | _ | | | | X | | 129590. | | 0. | | 104 | 27. |
| (24) OI ENG-CRANDUS | 40.00 | 1 | | | | x | | 117222. | | 0. | | 1 / 1 | 12. |
| CHIEF FINANCIAL AND OPERAT | | | | | | ^ | | 11/222• | | ' | | 104 | 14. |
| | | 1 | | | | | | | | | | | |
| | | | | | | \vdash | | | | \dashv | | | |
| | | - | | | | | | | | | | | |
| 1h Cubbatal | | | | | | | \vdash | 396377. | | 0. | | 322 | 92. |
| 1b Subtotal | | | | | | | | 0. | | 0. | | 7 4 4 | 0. |
| c Total from continuation sheets to Par | | | | | | | | 396377. | | 0. | | 322 | 92. |
| d Total (add lines 1b and 1c) | | | | | | | | | | | | <u> </u> | <u> </u> |
| compensation from the organization | | 1030 | iiott | ou a | DOV | C) WI | 10 1 | eceived more than \$100 | ,000 of reportable | | | | 3 |
| compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former office | cer. director. trust | ee. I | kev (| emp | love | e. o | r hic | nhest compensated emp | lovee on | Γ | | | |
| line 1a? If "Yes," complete Schedule J f | | | • | | • | | _ | | • | | 3 | | Х |
| 4 For any individual listed on line 1a, is th | | | | | | | | | | ··· | | | |
| and related organizations greater than s | • | | | | | | | • | J | | 4 | Х | |
| 5 Did any person listed on line 1a receive | | | | | | | | | dual for services | | | | |
| rendered to the organization? If "Yes," of | complete Schedul | le J t | or s | uch | pers | son | | | | [| 5 | | Х |
| Section B. Independent Contractors | | | | | | | | | | | | | |
| 1 Complete this table for your five highes | t compensated in | depe | ende | ent c | ont | racto | ors t | that received more than | \$100,000 of comp | ensa | ation 1 | rom | |
| the organization. Report compensation | for the calendar y | ear | endi | ing v | vith | or w | rithir | n the organization's tax | /ear. | | | | |
| (A) | | | | _ | | | | (B) | | | (0 | | |
| Name and busin | ess address | N | INC | E | | | _ | Description of s | ervices | | ompe | nsatio | 'n |
| | | | | | | | | | | | | | |
| | | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | \dashv | | + | — | | | |
| | | | | | | | | | | | | | |
| 2 Total number of independent contracto | re (including but r | no+ 1: | mita | d +c | tha | SC 15 | l | d above) who received = | oro than | | | | |
| 2 Total number of independent contracto \$100,000 of compensation from the org | | IOL II | | u iU | 1110 |) () | ى ب و ل | a above, who received if | IOI G LITALIT | | | | |
| φτου,υυυ οι σοιπροποατίστι ποιπ the σις | garneacion | | | | | - | | | | | | 000 | (2020) |

Form 990 (2020) FOR CIV

| | | Check if Schedule O contains a response of | r note to any lin | e in this Part VIII | | | |
|--|--------|---|---------------------|---------------------|-------------------|-------------------------------|---------------------------------|
| | | Check if Schedule O contains a response of | Thoto to arry iii | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated business revenue | Revenue excluded from tax under |
| | | | | | Turiction revenue | business revenue | sections 512 - 514 |
| ıts its | 1 a | Federated campaigns 1a | | | | | |
| irar oun | | Membership dues 1b | 309025. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | c | Fundraising events 1c | 329576. | | | | |
| Sift lar, | | Related organizations 1d | | | | | |
| imi | e | Government grants (contributions) 1e | 562609. | | | | |
| rior S | f | All other contributions, gifts, grants, and | | | | | |
| ig i | | similar amounts not included above 1f 1 | L095466. | | | | |
| g | g | Noncash contributions included in lines 1a-1f | | | | | |
| <u>2 g</u> | h | Total. Add lines 1a-1f | > | 2296676. | | | |
| | | <u>L</u> | Business Code | | | | |
| 9 | 2 a | | 900099 | 27000. | 27000. | | |
| er Te | | APPLICATION FEES | 900099 | 12755. | 12755. | | |
| n S | c | ATTORNEY FEE | 900099 | 2928. | 2928. | | |
| Program Service Revenue | c | WORKSHOPS | 900099 | 232. | 232. | | |
| Š | e | | | | | | |
| _ | | All other program service revenue | | 42915. | | | |
| $\overline{}$ | | Total. Add lines 2a-2f | | 42313. | | | |
| | 3 | Investment income (including dividends, interes | | 10655. | | | 10655. |
| | 4 | other similar amounts) Income from investment of tax-exempt bond pr | | 10055. | | | 10055. |
| | 4 5 | | · • | | | | |
| | 3 | Royalties(i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents 6a | (1) 1 0 0 0 1 1 1 1 | | | | |
| | | 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 | | | | | |
| | b | Less: cost or other basis | | | | | |
| ne | | and sales expenses 7b | | | | | |
| Revenue | c | Gain or (loss) 7c | | | | | |
| ığ | c | Net gain or (loss) | | | | | |
| ther | 8 a | Gross income from fundraising events (not | | | | | |
| ŏ | | including \$ 329576 • of | | | | | |
| | | contributions reported on line 1c). See | ا م | | | | |
| | | Part IV, line 18 8a | 0. 48353. | | | | |
| | | Less: direct expenses 8b | 40333. | -48353. | | | -48353. |
| | | Net income or (loss) from fundraising events | P | ±0333• | | | 40333. |
| | 9 8 | Gross income from gaming activities. See Part IV, line 19 9a | | | | | |
| | | Less: direct expenses 9b | | | | | |
| | | | | | | | |
| | | Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | b | Less: cost of goods sold 10b | | | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| <u></u> | | | Business Code | | | | |
| Miscellaneous Revenue | 11 a | Ī | | | | | |
| ane | b | | | | | | |
| le sel | c | | | | | | |
| Mis | c | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | | | |
| | 12 | Total revenue. See instructions | • | 2301893. | 42915. | 0. | -37698. |

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

| 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 response or note to any line in this Part IX | | | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | | | | |
| | and domestic governments. See Part IV, line 21 | | | | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | | |
| | individuals. See Part IV, line 22 | | | | | | | | | | |
| 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, | 161018. | 40054 | 56257 | 64407 | | | | | | |
| _ | trustees, and key employees | 101010. | 40254. | 56357. | 64407. | | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | |
| _ | persons described in section 4958(c)(3)(B) | 1375258. | 1104238. | 151768. | 119252. | | | | | | |
| 7 | Other salaries and wages | T3/3430• | 1104430. | 131/00• | TT37274 | | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | | |
| 0 | section 401(k) and 403(b) employer contributions) | 82377. | 69953. | 7115. | 5309. | | | | | | |
| 9 10 | Other employee benefits | 104902. | 82170. | 12311. | 10421. | | | | | | |
| 10 11 | Payroll taxes Fees for services (nonemployees): | TO 4000 | 02170• | 127110 | 10471. | | | | | | |
| а | | | | | | | | | | | |
| a b | Legal | 2399. | 2326. | 73. | | | | | | | |
| | | 27432. | 20835. | 5174. | 1423. | | | | | | |
| d | | | | 0 = 7 = 5 | | | | | | | |
| e | D (' 1(1 ' ' ' O D ' ' ' ' ' ' ' ' ' ' ' | | | | | | | | | | |
| f | Investment management fees | | | | | | | | | | |
| g | (151) 44 | | | | | | | | | | |
| · | column (A) amount, list line 11g expenses on Sch O.) | 126638. | 83080. | 31375. | 12183. | | | | | | |
| 12 | Advertising and promotion | 8172. | 7727. | 75. | 370. | | | | | | |
| 13 | Office expenses | 40886. | 30193. | 4620. | 6073. | | | | | | |
| 14 | Information technology | 19528. | 15034. | 2311. | 2183. | | | | | | |
| 15 | Royalties | | | | | | | | | | |
| 16 | Occupancy | 183868. | 151876. | 16248. | 15744. | | | | | | |
| 17 | Travel | 6427. | 5606. | 559. | 262. | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | |
| | for any federal, state, or local public officials | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | | | | | | | | | | |
| 20 | Interest | | | | | | | | | | |
| 21 | Payments to affiliates | 89. | | 89. | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 21984. | 17302. | 2850. | 1832. | | | | | | |
| 23 24 | Insurance Other expenses. Itemize expenses not covered | 21904. | 1/302. | 2050. | 1032. | | | | | | |
| 24 | above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | | | | | | | |
| _ | amount, list line 24e expenses on Schedule 0.) MISCELLANEOUS | 23974. | 312. | 23662. | | | | | | | |
| a b | STAFF DEVELOPMENT | 4629. | 2401. | 138. | 2090. | | | | | | |
| C | | 4027 | 2401. | 155. | 2000 | | | | | | |
| d | | | | | | | | | | | |
| | All other expenses | | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 2189581. | 1633307. | 314725. | 241549. | | | | | | |
| 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) | | | | | | | | | | |
| | | | | | F 000 (0000) | | | | | | |

| Ра | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|----------|-----------------------|--------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or no | te to ar | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 1641946. | 1 | 1072006. | | |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | 508492. | 3 | 394269. | | |
| | 4 | Accounts receivable, net | | 4 | | | |
| | 5 | Loans and other receivables from any current o | | | | | |
| | | trustee, key employee, creator or founder, subs | | | | | |
| | | controlled entity or family member of any of the | | | | 5 | |
| | 6 | Loans and other receivables from other disqual | | | | | |
| | | under section 4958(f)(1)), and persons describe | | 6 | | | |
| ß | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ğ | 9 | Prepaid expenses and deferred charges | | | 35915. | 9 | 23519. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 90572. | | | |
| | b | Less: accumulated depreciation | | 0. | 10c | 970. | |
| | 11 | Investments - publicly traded securities | | 11 | 643870. | | |
| | 12 | Investments - other securities. See Part IV, line | | 12 | | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | | 6467. | 15 | 6467. |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 2192820. | 16 | 2141101. |
| | 17 | Accounts payable and accrued expenses | | | 81580. | 17 | 93291. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | 20 | | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| S | 22 | Loans and other payables to any current or form | | | | | |
| ≝ | | trustee, key employee, creator or founder, subs | tantial | contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of the | se pers | ons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third | parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables | to related third | | | |
| | | parties, and other liabilities not included on lines | s 17-24 |). Complete Part X | | | |
| | | of Schedule D | | | 235308. | 25 | 46233. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 316888. | 26 | 139524. |
| <u> </u> | | Organizations that follow FASB ASC 958, che | ck her | e X | | | |
| Š | | and complete lines 27, 28, 32, and 33. | | | | | |
| <u>la</u> | 27 | Net assets without donor restrictions | | | 1238421. | 27 | 1544944. |
| Ba | 28 | Net assets with donor restrictions | | | 637511. | 28 | 456633. |
| ဋ | | Organizations that do not follow FASB ASC 9 | | | | | |
| Ę | | and complete lines 29 through 33. | | | | | |
| S. | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| set | 30 | Paid-in or capital surplus, or land, building, or ed | | | | 30 | |
| : As | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 1875932. | 32 | 2001577. |
| | 33 | Total liabilities and net assets/fund balances . | | 2192820. | 33 | 2141101. | |

| Ра | rt XI Reconciliation of Net Assets | | | | | | | |
|----|---|-------------|-----|-----|-------------------|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| | | | 2.2 | 010 | 0.2 | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 93. | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 895 | $\frac{81.}{12.}$ | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | | | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))4 | | | | | | | |
| 5 | | | | | | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 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 | 20 | 015 | 77. | | | |
| Pa | rt 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 in Schedule | e O. | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | Х | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe | | | | | | | |
| | 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? | | 2b | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa | | | | | | | |
| | consolidated basis, or both: | , | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | ne audit | | | | | | |
| _ | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sc | | | | | | | |
| 32 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | | | | | | | |
| oa | Act and OMB Circular A-133? | - | 3a | | x | | | |
| h | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | iired audit | Ju | | - | | | |
| J | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | | | | |
| | or addits, explain with on soliculic o and describe any steps taken to dilucity such addits | | | | | | | |

SCHEDULE A

(Form 990 or 990-EZ)

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.

CHICAGO LAWYERS COMMITTEE

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

51-0189264

FOR CIVIL RIGHTS UNDER LAW, INC.

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

| 'nе | organi | zation is not a private found | lation because it is: (| For lines 1 through 12, c | heck only | one box.) | | | | |
|-----|--------|---|---------------------------------------|--|-------------------------------------|--------------------|---------------------------------------|----------------------------|--|--|
| 1 | | A church, convention of ch | urches, or association | on of churches described | d in sectio | n 170(b)(| 1)(A)(i). | | | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). | Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | d in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, | | |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | d or opera | ted by a g | overnmental unit describ | oed in | | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | | |
| 6 | | A federal, state, or local gov | vernment or governn | nental unit described in s | section 17 | 70(b)(1)(A) | (v). | | | |
| 7 | 37 | An organization that norma | | | | | | public described in | | |
| | | section 170(b)(1)(A)(vi). (Co | omplete Part II.) | | | | _ | | | |
| 8 | | A community trust describe | | (1)(A)(vi). (Complete Part | t II.) | | | | | |
| 9 | | An agricultural research org | | | | ed in conju | unction with a land-grant | college | | |
| | | or university or a non-land-g | - | | | - | - | | | |
| | | university: | , , | , | | | | | | |
| 10 | | An organization that norma | Ily receives (1) more | than 33 1/3% of its sup | port from o | contributio | ons, membership fees, a | nd gross receipts from | | |
| | | activities related to its exem | | | | | | | | |
| | | income and unrelated busir | - | · · | | | | | | |
| | | See section 509(a)(2). (Cor | | , | | | , 3 | , | | |
| 11 | | An organization organized a | | ively to test for public sa | fetv. See | section 50 | 09(a)(4). | | | |
| 12 | | An organization organized a | • | * | - | | | e purposes of one or | | |
| | | more publicly supported or | = | • | - | | · · · · · · · · · · · · · · · · · · · | | | |
| | | lines 12a through 12d that | • | | | | | | | |
| а | | Type I. A supporting orga | | | | • | | / aivina | | |
| | | the supported organization | · · · · · · · · · · · · · · · · · · · | • | • | | | | | |
| | | organization. You must c | | | , , | | | 11 3 | | |
| b | | Type II. A supporting orga | | | tion with it | s support | ed organization(s), by ha | avina | | |
| | | control or management o | • | | | | | - | | |
| | | organization(s). You mus | | | | | g | | | |
| С | | Type III functionally inte | | | in connec | tion with. | and functionally integrat | ed with. | | |
| _ | | its supported organization | | | | | | , | | |
| d | | Type III non-functionally | | • | | | | ization(s) | | |
| - | | that is not functionally int | | | | | • • • • • • | * * | | |
| | | requirement (see instruct | - | * . | • | | • | | | |
| e | | Check this box if the orga | • | - | | | | | | |
| · | | functionally integrated, or | | | | | 2 1)po 1, 1)po 11, 1)po 11. | | | |
| f | Fnte | r the number of supported of | | | | | | | | |
| | | ide the following information | | | | | | | | |
| | |) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | nization listed | (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) | | |
| | | | | above (oce morradione)) | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

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.)

| Sec | ction A. Public Support | , noted below, ploa | ioo oomproto r urt | , | | | |
|-----|--|---------------------|---------------------|----------------------|---------------------|--------------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | Gifts, grants, contributions, and | , | , | () | , | , | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1522551. | 1555098. | 1765167. | 2682829. | 2296676. | 9822321. |
| 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 | 1522551. | 1555098. | 1765167. | 2682829. | 2296676. | 9822321. |
| 5 | 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) | | | | | | 1397698. |
| | Public support. Subtract line 5 from line 4. | | | | | | 8424623. |
| | ction B. Total Support | 1 | | | • | | |
| | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 7 | Amounts from line 4 | 1522551. | 1555098. | 1765167. | 2682829. | 2296676. | 9822321. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 42540 | 0001 | 0014 | 0550 | 40655 | 44001 |
| | and income from similar sources | 13712. | 9081. | 2914. | 8559. | 10655. | 44921. |
| 9 | 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 VI.) | | | | | | 0067040 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 9867242. |
| 12 | • | | | | | 12 | 1507531. |
| 13 | First 5 years. If the Form 990 is for th | - | rst, second, third, | fourth, or fifth tax | year as a section 5 | 501(c)(3) | |
| 800 | organization, check this box and storection C. Computation of Publ | | roontago | | | | P |
| | Public support percentage for 2020 (| | | oolumn (f) | | 14 | 85.38 % |
| | | | | | | 15 | 85.38 % |
| | Public support percentage from 2019 | | | | | | |
| 100 | 16a 33 1/3% support test - 2020. 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 | | | | | | |
| h | stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2019. 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 qual | | | | | | |
| 17: | 10% -facts-and-circumstances tes | | | | | | |
| 170 | and if the organization meets the fact | - | | | | | |
| | meets the facts-and-circumstances to | | • | • | • | now the organiz | • |
| h | 10% -facts-and-circumstances tes | • | • | • • • • | | 17a and line 15 is | - |
| | more, and if the organization meets the | _ | | | | | 1070 01 |
| | organization meets the facts-and-circ | | | | - | | |
| 12 | • | | - | • | | | |
| 0 | 8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | | | | | |

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.)

| Section A. Public Support | ow, please com | piete i ait ii.) | | | | |
|---|--|--|---|--|---|-------------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 Gifts, grants, contributions, and | (4) 2010 | (2) 2017 | (3, 2010 | (4) 2010 | (0) 2020 | (i) iotai |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the | | | | | | |
| amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| alendar year (or fiscal year beginning in) 🕨 🔼 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| IOa Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| Net income from unrelated business | | | | | | |
| activities not included in line 10b, | | | | | | |
| whether or not the business is | | 1 | I | | | |
| regularly carried on | | | | | | |
| regularly carried on | | | | | | |
| Other income. Do not include gain or loss from the sale of capital | | | | | | |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) | organization's fi | int accord third | fourth or little to | Voor on a continu | 501/0/2) 0**00*:* | 00 |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the | • | | * | - | | |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here | | | * | - | 501(c)(3) organizati | |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public | Support Pe | rcentage | ······································ | | | > |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2020 (lin | e 8, column (f), o | rcentage divided by line 13, | column (f)) | | 15 | > |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2020 (lin 6 Public support percentage from 2019 S | e Support Pe e 8, column (f), o Schedule A, Part | rcentage divided by line 13, | column (f)) | | | |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public public support percentage for 2020 (line Public support percentage from 2019 Section D. Computation of Invest | e 8, column (f), c Schedule A, Part | rcentage divided by line 13, III, line 15 e Percentage | column (f)) | | 15 16 | > |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage for 2020 | e 8, column (f), control of the control of the column (f), control of the column (f), colu | divided by line 13, III, line 15 Percentage mn (f), divided by line | column (f)) ne 13, column (f)) | | 15 16 | ▶ □ |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2020 (lin 6 Public support percentage from 2019 Section D. Computation of Invest 7 Investment income percentage from 2028 Investment income percentage from 2028 | e 8, column (f), c Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A, | divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 | column (f)) ne 13, column (f)) | | 15 16 17 18 | ▶□ |
| Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here Cection C. Computation of Public Public support percentage for 2020 (lin Public support percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest Investment income percentage from 2019 Section D. Computation of Invest | e Support Pe e 8, column (f), o Schedule A, Part ment Incom 0 (line 10c, colur 019 Schedule A, rganization did r | divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box | column (f)) ne 13, column (f)) on line 14, and line | e 15 is more than | 15 16 17 18 33 1/3%, and line 1 | ▶□ |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here 5 Public support percentage for 2020 (lin 6 Public support percentage from 2019 Section D. Computation of Invest 7 Investment income percentage from 2020 (8 Investment income percentage from 2020 (9 a 33 1/3% support tests - 2020. If the omore than 33 1/3%, check this box and | e Support Pe e 8, column (f), o Schedule A, Part ment Incom 0 (line 10c, colur 0 Schedule A, rganization did r dstop here. The | rcentage divided by line 13, III, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box organization quali | column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s | e 15 is more than supported organiz | 15 16 17 18 33 1/3%, and line 1 | 7 is not |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 3 Total support. (Add lines 9, 10c, 11, and 12.) 4 First 5 years. If the Form 990 is for the check this box and stop here ection C. Computation of Public 5 Public support percentage for 2020 (lin 6 Public support percentage from 2019 Section D. Computation of Invest 7 Investment income percentage from 2028 Investment income percentage from 2039 33 1/3% support tests - 2020. If the o | e Support Pe e 8, column (f), o Schedule A, Part ment Incom 0 (line 10c, colur 0 19 Schedule A, rganization did r dstop here. The rganization did r | rcentage divided by line 13, III, line 15 Percentage Inn (f), divided by li Part III, line 17 Inot check the box organization qualitation check a box or | ne 13, column (f)) on line 14, and line fies as a publicly so line 14 or line 19a | e 15 is more than supported organiza, and line 16 is m | 15 16 17 18 33 1/3%, and line 1 ation ore than 33 1/3%, a | 7 is not |

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **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 in 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 in 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 |
|------------|-----|----|
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| 10a | | |
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| Га | 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 in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | 110 | | |
| Sec | detail in Part VI. tion B. Type I Supporting Organizations | 11c | | |
| | 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 | | 163 | 140 |
| • | 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, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. 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 | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | 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 in 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 | | | |
| Sec | supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions | \ | | |
| ' a | The organization satisfied the Activities Test. <i>Complete line 2 below.</i> | ,- | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | structio | ns). | |
| 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 in 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 | | | |
| | 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 | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

Schedule A (Form 990 or 990-EZ) 2020

instructions).

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

| Sche | dule A (Form 990 or 990-EZ) 2020 FOR CIVIL RIG | | | | 1-0109204 Page 7 |
|------|---|-----------------------------------|---------------------------------------|------|---|
| Pa | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _{(continu} | ued) | |
| Sect | ion D - Distributions | | • | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | IS | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | Э | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2020 | ns | (iii) Distributable Amount for 2020 |
| _1_ | Distributable amount for 2020 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| _3_ | Excess distributions carryover, if any, to 2020 | | | | |
| a | From 2015 | | | | |
| b | From 2016 | | | | |
| С | From 2017 | | | | |
| d | From 2018 | | | | |
| е | From 2019 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| h | Applied to 2020 distributable amount | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2020 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |

Schedule A (Form 990 or 990-EZ) 2020

b Applied to 2020 distributable amount

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

CHICAGO LAWYERS COMMITTEE

| Schedule A | (Form 990 or 990-E | Z) 2020 FOR | CIVIL R | LGHTS U | NDER LA | W, INC. | | 51-0189264 Page 8 |
|------------|---------------------|--|--|--|----------------------------------|--------------------------------------|--|--|
| Part VI | Part IV. Section A. | lines 1, 2, 3b, 3 tion D, lines 2 a | 3c, 4b, 4c, 5a, 6, and 3; Part IV, Se | 9a, 9b, 9c, 1 ⁻ ction E, lines | 1a, 11b, and 1 1c, 2a, 2b, 3a | 1c; Part IV, Sec , and 3b; Part V | tion B, lines 1 a , line 1; Part V, | 7b; Part III, line 12; Ind 2; Part IV, Section C, Section B, line 1e; Part V, al information. |
| | (CCC Inditablions.) | | | | | | | |
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Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

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

INC.

OMB No. 1545-0047

Name of the organization

"CHICAGO LAWYERS COMMITTEE FOR CIVIL RIGHTS UNDER LAW, Employer identification number

51-0189264

| Organization type (check one): | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| Filers o | f: | Section: | | | | | | |
| Form 99 | 90 or 990-EZ | $\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization | | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | | |
| | | 527 political organization | | | | | | |
| Form 99 | 90-PF | 501(c)(3) exempt private foundation | | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | | |
| | | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | | |
| Genera | l Rule | | | | | | | |
| | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 or 990-EZ), 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, durin year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this bo 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 \$\int \text{\$\subset\$}\$ | | | | | | | | |
| but it m | ust answer "No" on | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | | |

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Employer identification number

| Parti | Contributors (see instructions). Use duplicate copies of Part I if addit | ional space is needed. |
|------------|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 1 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 2 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 3 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 4 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 5 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 6 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number

| Parti | Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part | ional space is needed. |
|------------|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 7 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 8 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 9 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 10 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 11 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 12 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number

| Part I | Contributors (see instructions). Use duplicate copies of Part I if ad | ditional space is needed. |
|------------|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 13 | | \$ 37465. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 14 | | \$ 35000. Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| 15 | | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) (d) Total contributions Type of contribution |
| | Name, address, and ZIP + 4 | \$ 94129. Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| | | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |
| | Tamo, addi 500, and £ii T T | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Employer identification number

| , , | | | T . |
|------------------------------|--|---|----------------------|
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) | (d) Date received |
| Part I | Description of noncasti property given | (See instructions.) | Date received |
| | | | |
| | | \$ | |
| (a) No. from | (b) Description of noncash property given | (c) FMV (or estimate) | (d) Date received |
| Part I | Bescription of noncestriptoperty given | (See instructions.) | Date received |
| | | <u> </u> | |
| | | \$ | |
| (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. | (b) | (c) | (d) |
| from Part I | Description of noncash property given | FMV (or estimate) (See instructions.) | Date received |
| | | | |
| | | | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** CHICAGO LAWYERS COMMITTEE 51-0189264 FOR CIVIL RIGHTS UNDER LAW, 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. from (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. 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. from (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 |
|---|--|
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SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (See separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Nam | ne of organization CHICAGO | LAWYERS COMMITTE | E | | Emplo | oyer identification number |
|-----|--|---------------------------------------|--------------------------|---|-------|---|
| | FOR CIV | IL RIGHTS UNDER I | AW, INC. | | | 51-0189264 |
| Pa | rt I-A Complete if the org | ganization is exempt unde | er section 501(c) o | or is a section 5 | 27 oı | ganization. |
| 2 | Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai | tures | | | | |
| | - | ganization is exempt unde | . , , , | • | | |
| 1 | Enter the amount of any excise tax | incurred by the organization under | er section 4955 | | . ▶\$ | |
| 2 | Enter the amount of any excise tax | incurred by organization manager | rs under section 4955 | | . ▶\$ | |
| 3 | If the organization incurred a section | on 4955 tax, did it file Form 4720 fo | or this year? | | | Yes No |
| 4a | Was a correction made? | | | | | Yes No |
| b | If "Yes," describe in Part IV. | | | | | |
| Pa | rt I-C Complete if the org | ganization is exempt unde | er section 501(c), | except section | 501(0 | c)(3). |
| 1 | Enter the amount directly expended | d by the filing organization for sec | tion 527 exempt function | on activities | ▶\$ | |
| 2 | Enter the amount of the filing organ | nization's funds contributed to oth | er organizations for sec | ction 527 | | |
| | exempt function activities | | | | . ▶\$ | |
| 3 | Total exempt function expenditures | s. Add lines 1 and 2. Enter here an | d on Form 1120-POL, | | | |
| | line 17b | | | | | |
| 4 | Did the filing organization file Form | 1120-POL for this year? | | | | Yes No |
| 5 | Enter the names, addresses and er made payments. For each organiza | | | • | | |
| | contributions received that were pr | • | | | | • |
| | political action committee (PAC). If | | | • | срага | ic segregated fund of a |
| | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | 1 | irom. | (a) Amount of political |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid f filing organizatio funds. If none, ente | n's | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

| Sche | , | IVIL RIGHTS UNDER LAW, INC. | | 189264 Page 2 |
|-------------|---|--|---------------------|----------------------|
| Pai | t II-A Complete if the organization | on is exempt under section 501(c)(3) and file | ed Form 5768 (el | ection under |
| | section 501(h)). | | | |
| A CI | neck Filing organization belon | gs to an affiliated group (and list in Part IV each affiliated | group member's name | e, address, EIN, |
| | expenses, and share of exces | s lobbying expenditures). | | |
| 3 CI | neck if the filing organization check | ed box A and "limited control" provisions apply. | | |
| | Limite on Lab | The second secon | (a) Filing | (b) Affiliated group |
| | | bying Expenditures | organization's | totals |
| | (The term "expenditures" m | eans amounts paid or incurred.) | totals | |
| 1a | Total lobbying expenditures to influence pub | lic opinion (grassroots lobbying) | 551. | |
| b | Total lobbying expenditures to influence a leg | gislative body (direct lobbying) | 2400. | |
| С | Total lobbying expenditures (add lines 1a and | d 1b) | 2951. | _ |
| d | | | 2186630. | |
| е | Total exempt purpose expenditures (add line | s 1c and 1d) | 2189581. | |
| f | Lobbying nontaxable amount. Enter the amo | ſ | 259479. | |
| | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| | Not over \$500,000 | 20% of the amount on line 1e. | | |
| | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| | Over \$17,000,000 | \$1,000,000. | | |
| | | | | |
| g | Grassroots nontaxable amount (enter 25% o | f line 1f) | 64870. | |
| h | Subtract line 1g from line 1a. If zero or less, e | enter -0- | 0. | |
| i | Subtract line 1f from line 1c. If zero or less, e | nter -0- | 0. | |
| j | If there is an amount other than zero on either | er line 1h or line 1i, did the organization file Form 4720 | | |
| | reporting section 4911 tax for this year? | | [| Yes No |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | | | | | | | |
|--|--|---|---|--|--|--|--|--|--|--|--|
| (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total | | | | | | | |
| 255069. | 249763. | 252396. | 259479. | 1016707. | | | | | | | |
| | | | | 1525061. | | | | | | | |
| 1796. | 3633. | 1451. | 2951. | 9831. | | | | | | | |
| 63767. | 62441. | 63099. | 64870. | 254177. | | | | | | | |
| | | | | 381266. | | | | | | | |
| 592. | 1113. | 641. | 551. | 2897. | | | | | | | |
| | (a) 2017 255069. 1796. 63767. | (a) 2017 (b) 2018 255069. 249763. 1796. 3633. 63767. 62441. | (a) 2017 (b) 2018 (c) 2019 255069. 249763. 252396. 1796. 3633. 1451. 63767. 62441. 63099. | (a) 2017 (b) 2018 (c) 2019 (d) 2020 255069. 249763. 252396. 259479. 1796. 3633. 1451. 2951. 63767. 62441. 63099. 64870. | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For e | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description | (a |) | (b) | |
|--------|--|-------------------|------------|------------|---------|
| | e lobbying activity. | Yes | No | Amo | ount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | | |
| b | Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Madis advantis arrange. | | | | |
| d | Media advertisements? Mailings to members, legislators, or the public? | | | | |
| | Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? | | | | |
| | Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | | | |
| i | Other activities? | | | | |
| 2a | Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | | |
| | If "Yes," enter the amount of any tax incurred under section 4912 | | | | |
| | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4). | on 501(c) | (5), or se | ection | |
| | 501(c)(6). | | | Yes | No |
| 1 | Were substantially all (90% or more) dues received nondeductible by members? | | | | |
| 2 3 | Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree. | | | | |
| Par | t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." | | | | e 3, is |
| 1 | Dues, assessments and similar amounts from members | | 1 | | |
| 2 | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | | | |
| | Current year | | | | |
| b | Carryover from last year | | | | |
| 2 | Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | | | | |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc | cess | 3 | | |
| | does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? | | 4 | | |
| 5 | Taxable amount of lobbying and political expenditures (See instructions) | | 5 | | |
| Prov | t IV Supplemental Information ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group actions); and Part II-B, line 1. Also, complete this part for any additional information. | o list); Part II- | A, lines 1 | and 2 (See | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 Open to Public Inspection

Name of the organization

CHICAGO LAWYERS COMMITTEE

FOR CIVIL RIGHTS UNDER LAW TNC. **Employer identification number** 51-0189264

Schedule D (Form 990) 2020

| Pai | t I Organizations Maintaining Donor Advise | <u> </u> | or Accounts. Complete if the |
|------|--|---|-------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, lin | | • |
| | , , | (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 | | d funds |
| | are the organization's property, subject to the organization's | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | |
| | for charitable purposes and not for the benefit of the donor of | or donor advisor, or for any other purpose c | onferring |
| | impermissible private benefit? | · · · · · · · · · · · · · · · · · · · | Yes No |
| Pai | t II Conservation Easements. Complete if the org | ganization answered "Yes" on Form 990, Pa | urt IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | ion (check all that apply). | |
| | Preservation of land for public use (for example, recrea | ation or education) Preservation of a | historically important land area |
| | Protection of natural habitat | Preservation of a | certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a quality | fied conservation contribution in the form of | a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic str | ructure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired | after 7/25/06, and not on a historic structur | e |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | leased, extinguished, or terminated by the o | organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ea | sement is located | |
| 5 | Does the organization have a written policy regarding the per | riodic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements i | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing conse | rvation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | on easements during the year |
| _ | > \$ | | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| _ | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservati | · | |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial statemer | nts that describes the |
| Pai | organization's accounting for conservation easements. t III Organizations Maintaining Collections o | f Art Historical Treasures or Otl | par Similar Assats |
| I al | Complete if the organization answered "Yes" on Form | - | iei olillidi Assets. |
| 10 | If the organization elected, as permitted under FASB ASC 95 | | d balance sheet works |
| ıa | of art, historical treasures, or other similar assets held for pul | , , | |
| | service, provide in Part XIII the text of the footnote to its final | · | • |
| h | If the organization elected, as permitted under FASB ASC 95 | | |
| b | art, historical treasures, or other similar assets held for public | | |
| | provide the following amounts relating to these items: | exhibition, education, or research in further | rance of public service, |
| | | | • • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| 2 | (ii) Assets included in Form 990, Part X | | |
| _ | the following amounts required to be reported under FASB A | · · · · · · · · · · · · · · · · · · · | gain, provide |
| а | Revenue included on Form 990, Part VIII, line 1 | _ | ▶ \$ |
| | Assets included in Form 990, Part X | | |
| | | | |

032051 12-01-20

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

31

| | | CHICAGO | D LAWYERS C | COMMI | TTEE | | | | | | |
|---------|--------|--|------------------------|--------------|----------------|-------------------|------------|--------------------|---------------------|--------|--------------|
| Sche | dule D | (Form 990) 2020 FOR CIV | /IL RIGHTS | UNDE | R LAW, | INC. | | 51-01 | 8926 | 4 P | age 2 |
| Pai | t III | Organizations Maintaining | Collections of A | rt, His | torical Tr | easures, or | Other | Similar Asse | e ts (contir | nued) | |
| 3 | Usino | the organization's acquisition, access | | | | - | | | | | |
| | - | ction items (check all that apply): | , | , | • | · · | · · | | | | |
| а | | Public exhibition | | d \square | Loan or exc | hange program | | | | | |
| b | | Scholarly research | | | | 3 1 3 | | | | | |
| С | | Preservation for future generations | | | | | | | | | |
| 4 | | de a description of the organization's | collections and expla | in how t | hev further t | he organization | s exemn | t nurnose in Pa | rt XIII | | |
| 5 | | g the year, did the organization solicit | | | | | | | | | |
| Ū | | sold to raise funds rather than to be n | | | | • | | | Yes | | □No |
| Pai | rt IV | Escrow and Custodial Arra | | | | | | | | | |
| | | reported an amount on Form 990, Pa | | 1010 11 1110 | o organizatio | Tanoworda Te | | | | | |
| 1a | Is the | organization an agent, trustee, custo | | diary for | contribution | ns or other asset | s not inc | cluded | | | |
| | | orm 990, Part X? | | | | | | | Yes | | □No |
| h | | s," explain the arrangement in Part XII | | | | | | ······ | _ 100 | | |
| | 11 10 | s, explain the arrangement in rait XII | ir and complete the n | ollowing | tabic. | | | | Amoun | | |
| _ | Pogin | uning halanco | | | | | | 1c | Amoun | | |
| q | | ining balance | | | | | | 1d | | | |
| u 0 | | ions during the year | | | | | | 1e | | | |
| • | | butions during the year | | | | | | 1f | | | |
| 20 | | g balancene organization include an amount on | | | | | | | Yes | | No |
| | | • | · · | • | | | • | | | | |
| | rt V | s," explain the arrangement in Part XII Endowment Funds. Complete | | | | | | | | | |
| ı u. | | Endownient i dido: Complete | 1 | 1 | Prior year | · | | Three years back | (a) Four | Veare | hack |
| 10 | Dogin | ning of year balance | (a) Current year | (0) | Tioi yeai | (C) Two years b | ack (u) | Till CC years back | (e) rour | yours | Dack |
| la h | | | | | | | | | | | |
| D | | ributions | | | | | | | 1 | | |
| C | | nvestment earnings, gains, and losses | | | | | | | 1 | | |
| a | | s or scholarships | | | | | | | | | |
| е | | expenditures for facilities | | | | | | | | | |
| | | programs | | | | | | | | | |
| f | | nistrative expenses | | + | | | | | 1 | | |
| g | | of year balance | | //: 4 | | <u></u> | | | | | |
| 2 | | de the estimated percentage of the cu | irrent year end balan | ce (line 1 | g, column (a | a)) neid as: | | | | | |
| а | | d designated or quasi-endowment | | % | | | | | | | |
| р | | anent endowment | % | | | | | | | | |
| С | | endowment • | _% | | | | | | | | |
| _ | | percentages on lines 2a, 2b, and 2c sh | | | | | | | | | |
| За | | nere endowment funds not in the poss | session of the organia | zation th | at are held a | ind administered | for the | organization | Г | | · |
| | by: | | | | | | | | | Yes | No |
| | | Inrelated organizations | | | | | | | . 3a(i) | | |
| | (ii) R | elated organizations | | | | | | | . 3a(ii) | | |
| b | | s" on line 3a(ii), are the related organiz | | | | | | | . 3b | | |
| 4 | | ribe in Part XIII the intended uses of th | | owment | funds. | | | | | | |
| Pai | rt VI | Land, Buildings, and Equipi | | | | | | | | | |
| | | Complete if the organization answer | ed "Yes" on Form 99 | 0, Part I | V, line 11a. S | See Form 990, P | art X, lin | e 10. | | | |
| | | Description of property | (a) Cost or | | | | | ımulated | (d) Boo | k valu | е |
| | | | basis (invest | ment) | basis | (other) | depre | ciation | | | |
| 1a | Land | | | | | | | | | | |
| b | Buildi | ngs | | | | | | | | | |
| | | | 1 | | 1 | 1 | | ı | | | |

Schedule D (Form 990) 2020

89602.

970.

970.

e Other

c Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

90572.

| | YERS COMMITTE | | E1 0100064 |
|--|---|------------------------------|---|
| | IGHTS UNDER L | AW, INC. | 51-0189264 _{Page} |
| Part VII Investments - Other Securities. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation | on: 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) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" (a) Description of investment | on Form 990, Part IV, line (b) Book value | | x, line 13. on: Cost or end-of-year market value |
| | (b) BOOK Value | (c) Method of Valuation | on. Cost or end-or-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) Tatal (Col. (h) must squal Form 000, Part V. and (P) line 12.) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 900 Part IV line | 11d Soo Form 000 Part V | / line 15 |
| | Description | Tiu. See Foili 990, Fait A | (b) Book value |
| | | | (D) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| | | | |
| (5) (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15) | | |
| Part X Other Liabilities. | 3 10.9 | | |
| Complete if the organization answered "Yes" | on Form 990. Part IV. line | 11e or 11f. See Form 990. | Part X. line 25. |
| 1. (a) Description of liability | | 110 01 1111 000 1 01111 000, | (b) Book value |
| (1) Federal income taxes | | | |
| (2) LEASE OBLIGATION | | | 46233 |
| (3) | | | 1 -1244 |
| (4) | | | |
| (5) | | | |
| | | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 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.... X

Schedule D (Form 990) 2020

46233.

(6) (7) (8) FOR CIVIL RIGHTS UNDER LAW, INC.

| Pa | rt XI Reconciliation of Revenue per Audited Financial | | | | |
|--|---|--|---------------------------------------|-------|-----------------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part I' | V, line 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 2315226. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 13333. | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | 2 | e e | 13333. |
| 3 | Subtract line 2e from line 1 | | 3 | 3 | 2301893. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| С | Add lines 4a and 4b | | A | _ | 0. |
| | | | · · · · · · · · · · · · · · · · · · · | c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | | 5 | 2301893. |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial | 12.) Statements With | | 5 | 2301893. |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' | Statements With V, line 12a. | Expenses per Re | 5 | 2301893. |
| | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial | Statements With V, line 12a. | Expenses per Re | 5 | 2301893. |
| Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | 12.) Statements With V, line 12a. | Expenses per Re | eturn | 2301893. |
| Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | Statements With V, line 12a. | Expenses per Re | eturn | 2301893. |
| 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | Statements With V, line 12a. | Expenses per Re | eturn | 2301893. |
| Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2 12.) Statements With V, line 12a. 2a 2b | Expenses per Re | eturn | 2301893. |
| Pa 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a 2b 2c | Expenses per Re | eturn | 2301893. a. 2189581. |
| Pa 1 2 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 212.) Statements With V, line 12a. 2a 2b 2c 2d | Expenses per Ro | eturn | 2301893. a. 2189581. |
| Pa 1 2 a b c | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a 2b 2c 2d | Expenses per Ro | eturn | 2301893. a. 2189581. |
| Pa 1 2 a b c d | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a 2b 2c 2d | Expenses per Ro | eturn | 2301893. a. 2189581. |
| Pa 1 2 a b c d e 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a 2b 2c 2d | Expenses per Ro | eturn | 2301893. a. 2189581. |
| 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a 2b 2c 2d | Expenses per Ro | eturn | 2301893. a. 2189581. 0. 2189581. |
| 1 2 a b c d e 3 4 a b b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a | Expenses per Ro | eturn | 2301893. a. 2189581. 0. 2189581. |
| 1 2 a b c d e 3 4 a b c 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part I' Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a | Expenses per Ro | eturn | 2301893. a. 2189581. 0. 2189581. |

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

PART X, LINE 2:

ACCOUNTING STANDARDS PROVIDE GUIDANCE FOR HOW CERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED AND DISCLOSED AND PRESENTED IN THE FINANCIAL THIS REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN OR STATEMENTS. EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE COMMITTEE'S INFORMATION RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED "WHEN CHALLENGED" OR "WHEN TAX POSITIONS NOT DEEMED TO EXAMINED" BY THE APPLICABLE TAX AUTHORITY. MEET THE MORE-LIKELY-THAN-NOT THRESHOLD WOULD BE RECORDED AS A TAX BENEFIT AND ASSET OR EXPENSE AND LIABILITY IN THE CURRENT YEAR. THE COMMITTEE FILED INFORMATION RETURNS IN THE U.S. FEDERAL AND STATE JURISDICTIONS. THE COMMITTEE IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE EXAMINATIONS

Schedule D (Form 990) 2020

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHICAGO LAWYERS COMMITTEE

FOR CIVIL RIGHTS UNDER LAW, INC.

Employer identification number 51 – 0189264

Schedule G (Form 990 or 990-EZ) 2020

| | ID RECITED ORDER DE | · · · · · | 10 | • | 31 0103 | | | | | |
|--|---|-------------------|--------------------|-----------------------------|---|--------------|--|--|--|--|
| Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. | | | | | | | | | | |
| 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a | | | | | | | | | | |
| | | | | | | | | | | |
| compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i) | | | | | | | | | | |
| or entity (fundraiser) | , , , | or cor contrib | trol of utions? | from activity | fundraiser listed in col. (i) | organization | | | | |
| | | Yes | No | | | | | | | |
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| S List all states in which the organization or licensing. | on is registered or licensed to solicit | contrib | outions | L s or has been notified | L d it is exempt from re | egistration | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | of fundraising event contributions and gr | oss income on Form 990 | J-EZ, III les T al lu ob. List | events with gross receip | ots greater than \$5,000. |
|-----------------|------|---|-------------------------|--------------------------------|--|----------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | ANNUAL | | NONE | (add col. (a) through |
| | | | BENEFIT | CLP EVENT | (4 - 4 - 1 · · · · · · · · · · · · · · · · | col. (c)) |
| ne | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 234580. | 94996. | | 329576. |
| | 2 | Less: Contributions | 234580. | 94996. | | 329576. |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | | |
| Se | 5 | Noncash prizes | | | | |
| xpense | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | 2624. | | 48353. |
| | 10 | Direct expense summary. Add lines 4 through | h 9 in column (d) | | > | 48353. |
| Do | | Net income summary. Subtract line 10 from li | | | | -48353. |
| Pa | rt I | Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. | answered "Yes" on Forn | 1 990, Part IV, line 19, or | reported more than | |
| | | \$13,000 0111 01111 990-L2, line 0a. | | (b) Pull tabs/instant | | (d) Total gaming (add |
| Revenue | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| eve! | | | | | | |
| щ | 1 | Gross revenue | | | | |
| | | | | | | |
| ses | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | , | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | No No | No No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | > | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | > | |
| | | | | | | |
| | | ter the state(s) in which the organization condu | _ | | | |
| | | the organization licensed to conduct gaming a | | | | . L Yes No |
| O | II " | No," explain: | | | | |
| | | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | evoked, suspended, or t | erminated during the tax | year? | Yes No |
| | | Yes," explain: | | - | | |
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032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

CHICAGO LAWYERS COMMITTEE

| Sch | edule G (Form 990 or 990-EZ) 2020 FOR CIVIL RIGHTS UNDER LAW, INC. 51-0 | 1892 | 64 | Page 3 |
|-----|--|--------------|------|----------|
| 11 | Does the organization conduct gaming activities with nonmembers? | Y | es | ☐ No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | Y | es | ☐ No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| а | The organization's facility | 13a | | % |
| | An outside facility | 13b | | % |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address > | | | |
| | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Y | es | ☐ No |
| | | • | | |
| b | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | |
| | of gaming revenue retained by the third party \$\sim_{\text{s}}\$ | | | |
| С | If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address > | | | |
| | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation ▶ \$ | | | |
| | <u> </u> | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | Y | es | ☐ No |
| b | • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | • | | |
| | organization's own exempt activities during the tax year > \$ | | | |
| Pa | irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa | rt III, line | s 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | • | | |
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CHICAGO LAWYERS COMMITTEE

| Schedule G | (Form 990 or 990-EZ) | FOR | CIVIL | RIGHTS | UNDER | LAW, | INC. | 51-0189264 | Page 4 |
|------------|--|--------|------------|--------|-------|------|------|------------|--------|
| Part IV | (Form 990 or 990-EZ) Supplemental Infor | mation | (continued |) | | | | | |
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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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

CHICAGO LAWYERS COMMITTEE FOR CIVIL RIGHTS UNDER LAW, INC. Employer identification number 51-0189264

| 1 a | 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. | | | | | | |
| | Compensation committee Written employment contract | | | | | | |
| | Independent compensation consultant 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: | | | 37 | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X | | | |
| | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b 4c | | X | | | |
| С | c Participate in or receive payment from an equity-based compensation arrangement? | | | | | | |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | | | |
| | Only section $FO1(a)(2)$, $FO1(a)(4)$, and $FO1(a)(20)$ organizations must complete lines F | | | | | | |
| 5 | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | | | | |
| 3 | contingent on the revenues of: | | | | | | |
| а | | 5a | | х | | | |
| | The organization? 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 | | Х | | | |
| b | Any related organization? | 6b | | Х | | | |
| - | 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 | | X | | | |
| 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) 2020

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.

| | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns | (F) Compensation in column (B) |
|--------------------|-------------|--|---|---|-----------------------------------|-------------------------|----------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Derients | (B)(i)-(D) | reported as deferred on prior Form 990 |
| (1) BONNIE ALLEN | (i) | 149565. | 0. | 0. | 0. | 11453. | 161018. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | |

Schedule J (Form 990) 2020

| Schedule J (Form 990) 2020 FOR CI | VIL RIGHTS UN | IDER LAW, | INC. | 51-0189264 | Page 3 |
|-----------------------------------|-------------------------------|----------------------|---|---|--------|
| Part III Supplemental Information | | | | | |
| | ns required for Part I. lines | s 1a. 1b. 3. 4a. 4b. | 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also com | plete this part for any additional information. | |
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. Open to Public

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

CHICAGO LAWYERS COMMITTEE FOR CIVIL RIGHTS UNDER LAW, INC.

51-0189264

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION EQUITY: OUR EDUCATION EQUITY TEAM PROTECTS AND PROMOTES ACCESS TO EDUCATION BY ADDRESSING THE INDIVIDUAL AND SYSTEMIC BARRIERS THAT DISPROPORTIONATELY IMPACT HISTORICALLY DISADVANTAGED COMMUNITIES OF COLOR. OUR METHODS INCLUDE EMPOWERING AND BUILDING PARTNERSHIPS WITH STUDENTS AND COMMUNITY GROUPS, ADVOCATING FOR SYSTEMIC REFORMS, PROVIDING DIRECT LEGAL SERVICES TO STUDENTS AT RISK OF LOSING ACCESS TO EDUCATION DUE TO RACIAL DISCRIMINATION, HARSH DISCIPLINE, RE-ENROLLMENT BARRIERS, OR INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM.

SETTLEMENT ASSISTANCE PROGRAM: IN COLLABORATION WITH THE FEDERAL COURT, THIS PROGRAM PROVIDES MEANINGFUL ACCESS TO JUSTICE TO INDIGENT LITIGANTS WITH CIVIL RIGHTS CLAIMS, INCLUDING PRISONERS AND VICTIMS OF EMPLOYMENT DISCRIMINATION. CHICAGO LAWYERS' COMMITTEE RECRUITS, AND SUPPORTS PRO BONO COUNSEL TO ASSIST THESE PRO SE LITIGANTS SETTLE THEIR CASES WITHOUT GOING TO TRIAL, PROVIDING SWIFT RESOLUTION AND AN OPPORTUNITY FOR CLOSURE.

EXPENSES \$ 505384. INCLUDING GRANTS OF \$ 0. REVENUE \$ 27000.

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

THE FORM 990 IS EMAILED TO THE FINANCE COMMITTEE OF THE BOARD FOR THEIR REVIEW PRIOR TO FILING.

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

EACH OFFICER SIGNS A STATEMENT ANNUALLY INDICATING THE OFFICER HAS RECEIVED THE POLICY AND COMPLIES WITH IT.

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

Schedule O (Form 990 or 990-EZ) 2020