EXTENSION ATTACHED

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning 7/01 **, 2000, and ending** 6/30 **, 2001**

B Check if applicable: ☐ Change of address ☐ Change of name ☐ Initial return ☐ Final return ☐ Amended return

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

C URBAN FAMILY & COMMUNITY CENTERS
4241 W WASHINGTON BLVD
CHICAGO, IL 60624-0337

D Employer identification number: 36-2966006

E Telephone number: 773-722-8333

F Check ▶ ☐ if application pending

G Organization type (check only one) ▶ ☒ 501(c)(3) ◀ (insert no) ☐ 527 OR ☐ 4947(a)(1)

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

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

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

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return filed for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no (GEN) ▶

L Check this box if the organization is **not** required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

JUN 27 '02

SCANNED

REVENUE	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	126,877	
	b	Indirect public support	1b	91,674	
	c	Government contributions (grants)	1c	589,483	
	d	**Total** (add lines 1a through 1c) (cash $ 808,034 noncash $)		1d	808,034
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	19,677
	3	Membership dues and assessments		3	
	4	Interest on savings and temporary cash investments		4	
	5	Dividends and interest from securities		5	
	6a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
	7	Other investment income (describe ▶ SEE STATEMENT 1)		7	25
			(A) Securities	(B) Other	
	8a	Gross amount from sales of assets other than inventory	8a		
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c	
	11	Other revenue (from Part VII, line 103)		11	5,689
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	833,425
EXPENSES	13	Program services (from line 44, column (B))		13	694,311
	14	Management and general (from line 44, column (C))		14	201,032
	15	Fundraising (from line 44, column (D))		15	
	16	Payments to affiliates (attach schedule)		16	
	17	**Total expenses** (add lines 16 and 44, column (A))		17	895,343
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	-61,918
	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	268,048
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2		20	-5,712
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	200,418

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OGDEN, UT

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 20)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash $ ___ non cash $ ___)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	521,497	371,933	149,564	
26 Other salaries and wages	26				
27 Pension plan contributions	27				
28 Other employee benefits	28	65,532	41,772	23,760	
29 Payroll taxes	29	39,895	28,433	11,462	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	13,648	13,648		
43 Other expenses (itemize) a STATEMENT 3	43a	254,771	238,525	16,246	
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 thru 43) **Organizations completing columns (B)-(D), carry these totals to lines 13 – 15**	44	895,343	694,311	201,032	0

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ________ , (ii) the amount allocated to Program services $ ________ ,
(iii) the amount allocated to Management and general $ ________ , and (iv) the amount allocated to Fundraising $ ________

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 4

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others)
a DAY CARE PROGRAMS (Grants and allocations $ 0)	213,578
b PRIMO WOMENS' CENTER (Grants and allocations $ 0)	250,986
c AFTER SCHOOL PROGRAMS (Grants and allocations $ 0)	192,319
d FOOD SERVICE PROGRAMS (Grants and allocations $ 0)	21,368
e Other program services (attach schedule) STATEMENT 5 (Grants and allocations $)	16,060
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	694,311

Part IV **Balance Sheets** (See Specific Instructions on page 23.)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing			97,423	45	162,054
	46 Savings and temporary cash investments				46	2,320
	47a Accounts receivable	47a	1,460			
	b Less allowance for doubtful accounts	47b			47c	1,460
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable			80,051	49	12,596
	50 Receivables from officers, directors, trustees, and key employees (attach sch)				50	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges			6,420	53	5,610
	54 Investments – securities (attach schedule) ▶ ☐Cost ☐FMV				54	
	55a Investments – land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments – other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a	343,764			
	b Less accumulated depreciation (attach schedule) STMT 6	57b	122,750	234,051	57c	221,014
	58 Other assets (describe ▶)				58	
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			417,945	59	405,054
LIABILITIES	60 Accounts payable and accrued expenses			111,315	60	116,174
	61 Grants payable				61	
	62 Deferred revenue			38,582	62	13,606
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	74,855
	65 Other liabilities (describe ▶SEE STATEMENT 7)				65	1
	66 **Total liabilities** (add lines 60 through 65)			149,897	66	204,636
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			268,048	67	200,418
	68 Temporarily restricted				68	
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)			268,048	73	200,418
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			417,945	74	405,054

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25.)

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments $		
(2)	Donated services and use of facilities $		
(3)	Recoveries of prior year grants $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities $		
(2)	Prior year adjustments reported on line 20, Form 990 $		
(3)	Losses reported on line 20, Form 990 $		
(4)	Other (specify) $		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 $		
(2)	Other (specify) $		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 8		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule – see Specific Instructions on page 26

Part VI Other Information (See Specific Instructions on page 26)

			N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?		80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt OR ☐ nonexempt				
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a 0			
b	Did the organization file Form 1120-POL for this year?		81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A	
86	501(c)(7) organizations Enter				
a	Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	501(c)(12) organizations Enter				
a	Gross income from members or shareholders	87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 30 7701-3? If "Yes," complete Part IX		88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0			
d	Enter Amount of tax in 89c, above, reimbursed by the organization	▶ 0			
90 a	List the states with which a copy of this return is filed ▶ ILLINOIS				
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b 30			
91	The books are in care of ▶ CHANDRA LIBBY Telephone no ▶ Located at ▶ 4241 W WASHINGTON BLVD., CHICAGO, IL ZIP code ▶ 60624				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92 N/A			

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PARENT FEES & RELATED F/R					19,677
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					25
100 Gain/loss from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a MISCELLANEOUS					5,689
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					25,391
105 Total (add line 104, columns (B), (D), and (E)) ▶					25,391

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93(A)	PARENT FEES TO SUPPORT PROGRAMS.
99	INTEREST ON PROGRAM SAVINGS.
103(A)	MISCELLANEOUS REVENUE USED TO SUPPORT PROGRAM SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my [redacted] on of preparer (other than officer) is based on all information of which preparer [redacted] page 14.)

5/14/02 Date

BRIAN FARGO - VICE PRESIDENT FINANCE
Type or print name and title

[redacted]

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information – (See separate instructions.)

▶ Must be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2000

Name of the organization: URBAN FAMILY & COMMUNITY CENTERS

Employer identification number: 36-2966006

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over $50,000 ▶ 0

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶ 0

Part III Statements About Activities

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ N/A			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions			
3	Does the organization make grants for scholarships, fellowships, student loans, etc ?	3		X
4a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	906,544	454,220	400,788	422,688	2,184,240
16 Membership fees received	18,892	16,870	14,615	2,135	52,512
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization s charitable etc purpose					
18 Gross income from interest dividends amounts received from payments on securities (section 512(a)(5)), rents royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a sch Do not include gain or (loss) from sale of capital assets SEE ST 9	15,471	309	1,004	6,674	23,458
23 Total of lines 15 through 22	940,907	471,399	416,407	431,497	2,260,210
24 Line 23 minus line 17	940,907	471,399	416,407	431,497	2,260,210
25 Enter 1% of line 23	9,409	4,714	4,164	4,315	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 ▶ 26a 45,204

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c 2,260,210

d Add Amounts from column (e) for lines 18 ______ 19 ______ 22 23,458 26b ______ ▶ 26d 23,458

e Public support (line 26c minus line 26d total) ▶ 26e 2,236,752

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 98 96%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person " Enter the sum of such amounts for each year N/A

(1999) ______ (1998) ______ (1997) ______ (1996) ______

b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of all these differences (the excess amounts) for each year

(1999) ______ (1998) ______ (1997) ______ (1996) ______

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c

d Add Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)

Part V Private School Questionnaire (See page 5 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	35		

N/A

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here ▶ a ☐ if the organization belongs to an affiliated group

Check here ▶ b ☐ if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table –	41		

If the amount on line 40 is –	The lobbying nontaxable amount is –
Not over $500,000	20% of the amount on line 40
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

42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution. If there is an amount on either line 43 or line 44, you must file Form 4720

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 instructions for lines 45 through 50 on page 9 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g *Direct contact with legislators, their staffs, government officials, or a legislative body*			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 9 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

STATEMENT 1
FORM 990, PART I, LINE 7
OTHER INVESTMENT INCOME

STATEMENT 2
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

PRIOR PERIOD ADJUSTMENT	$ -5,712
TOTAL	$ -5,712

STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ACCOUNTING & AUDIT	$ 10,865		10,865	
ALLOCATION OF ADMIN	0	113,277	-113,277	
AUTO MAINTENANCE	2,546		2,546	
BANK SERVICE CHARGES	149		149	
BLDG MAINT SUPPLIES	1,422	1,422		
BOARD OF DIRECTOR INS	975		975	
BUILDING REPAIR AND MAINTENANC	25,003	3,191	21,812	
CONFERENCE & MEETINGS	3,191	692	2,499	
CREDIT CARD PROCESSING	589		589	
DUES & MEMBER FEES	940	50	890	
EQUIP MAINT	10,362	4,384	5,978	
EQUIP RENTAL	4,901	3,231	1,670	
EQUIPMENT EXPENSE	13,619	12,242	1,377	
FIELD TRIPS	8,319	8,319		
FOOD	34,572	32,991	1,581	
LATE FEES	904		904	
LIABILITY INSURANCE	11,093	213	10,880	
LOCAL TRAVEL	435	145	290	
MISCELLANEOUS	1,849	1,000	849	
OFFICE SUPPLIES	12,307	7,418	4,889	
PAYROLL FEES	4,402		4,402	
POSTAGE	1,630		1,630	
PRINTING	99	99		
PROGRAM CONSULTANTS	15,404	1,705	13,699	
PROGRAM SUPPLIES	22,637	22,637		
RENT	17,400	17,400		
STAFF DEVELOPMENT	185	185		
SUBSCRIPTIONS & PUBS	1,693		1,693	
TELEPHONE	8,772	2,264	6,508	
UTILITIES	38,508	5,660	32,848	
TOTAL	$ 254,771	238,525	16,246	0

STATEMENT 4
FORM 990 , PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO SUPPORT THE WESTSIDE COMMUNITY OF CHICAGO BY OFFERING DAY CARE, AFTER SCHOOL CARE, WOMEN'S SHELTER AND TUTORING TO FAMILIES IN NEED

STATEMENT 5
FORM 990, PART III, LINE E
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
OTHER	$ 0	16,060
	$ 0	16,060

STATEMENT 6
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIP	$ 700	700	0
FURNITURE AND FIXTURES	72,414	70,851	1,563
BUILDINGS	270,650	51,199	219,451
TOTAL	$ 343,764	122,750	221,014

STATEMENT 7
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

	ENDING
ROUNDING	$ 1
TOTAL	$ 1

STATEMENT 8
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
QUINTIN E PRIMO III 875 N. MICHIGAN #3430 CHICAGO, IL 60611	DIRECTOR NONE	$ 0	0	0
DR. GERRI OUTLAW 2040 DEWEY EVANSTON, IL 60201	DIRECTOR NONE	0	0	0
CHRISTOPHER GRIFFEN 600 HAVEN ST. #K4 EVANSTON, IL 60201	DIRECTOR NONE	0	0	0
BRIAN FARGO 875 N MICHIGAN AVE., #3430 CHICAGO, IL 60611	DIRECTOR NONE	0	0	0
ROBERT BERGER 1506 SHERIDAN ROAD HIGHLAND PARK, IL 60035	DIRECTOR NONE	0	0	0
BRADFORD BUTTS 127 FRANCISCO TERRACE OAK PARK, IL 60302	TRUSTEE NONE	0	0	0
THRESSA CONNOR-MCMAHON 1130 S. MICHIGAN #3901 CHICAGO, IL 60605	TRUSTEE NONE	0	0	0
JOHN EDWARDS 900 S. MADISON LAGRANGE, IL 60525	TRUSTEE NONE	0	0	0
SUSAN HEISLER 1325 N. ASTOR ST. CHICAGO, IL 60610	TRUSTEE NONE	0	0	0
TRISH HOFFMAN 70 E. WALTON #5A CHICAGO, IL 60611	TRUSTEE NONE	0	0	0
SUKARI IVESTER 6150 S UNIVERSITY CHICAGO, IL 0637	TRUSTEE NONE	0	0	0

STATEMENT 8 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB	EXPENSE ACCOUNT/ OTHER
MARK RANDOLPH 1303 E ALGONQUIN RD. SCHAUMBURG, IL 60196	TRUSTEE NONE	$ 0	0	0
REV JUAN REED 5710 W. MIDWAY PARK CHICAGO, IL 60644	TRUSTEE NONE	0	0	0
JON K. RODGERS 221 N. LASALLE CHICAGO, IL 60601	TRUSTEE NONE	0	0	0
RANDALL K. ROWE 1401 N. GREEN BAY RD. LAKE FOREST, IL 60045	TRUSTEE NONE	0	0	0
LOUIS SKYDELL 633 SHERIDAN SQUARE EVANSTON, IL 60202	TRUSTEE NONE	0	0	0
HELEN THORNTON 500 N. ELMWOOD OAK PARK, IL 60302	TRUSTEE NONE	0	0	0
CARROL TILLMAN 5917 W. MIDWAY PARK CHICAGO, IL 60644	TRUSTEE NONE	0	0	0
CHANDRA LIBBY 5443 S HARPER, 2ND FLOOR CHICAGO, IL 60615	EXECUTIVE DIREC NONE	0	0	0
	TOTAL	$ 0	0	0

STATEMENT 9
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 1999	(B) 1998	(C) 1997	(D) 1996	(E) TOTAL
MISCELLANEOUS	$ 15,471	$ 309	$ 1,004	$ 6,674	$ 23,458
TOTAL	$ 15,471	$ 309	$ 1,004	$ 6,674	$ 23,458

Form **8868** (December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note **Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I **Automatic 3-Month Extension of Time** – Only submit original (no copies needed)

Note **Form 990-T corporations** requesting an automatic 6-month extension – check this box and complete Part I only . . . ▶ [ ]

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions.	Name of Exempt Organization URBAN FAMILY & COMMUNITY CENTERS F/K/A CHRISTIAN COMMUNITY SERVICES	Employer Identification Number 36-2966006
	Number Street, and Room or Suite Number If a P O Box, see instructions 4241 W WASHINGTON BLVD.	
	City, Town or Post Office For a foreign address see instructions CHICAGO, IL 60624-0337	State ZIP Code

RECEIVED
MAY 2 8 2002
56 IRS-OSC
OGDEN, UT

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (Section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the whole group, check this box . ▶ [ ] If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 2/15, 20 02, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [ ] calendar year 20 ____ or
▶ [X] tax year beginning 7/01, 20 00, and ending 6/30, 20 01

2 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . $ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit . . . . $ 0

c **Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions $ 0

Signature and Verification

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct and complete and that I am authorized to prepare this form

Signature ▶ Title ▶ CPA Date ▶ 11/1/01

KFA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (12-2000)

RECEIVED
District Director of Internal Revenue
NOV 0 8 2001
MORTON GROVE, IL

FIFZ0501L 12/26/00

● If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ▶ [X]

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II | Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Type or Print

File by the extended due date for filing the return See instructions

Name of Exempt Organization URBAN FAMILY & COMMUNITY C
F/K/A CHRISTIAN COMMUNITY SERVICES

Employer Identification Number 36-2966006

Number Street and Room or Suite Number If a P O Box See instructions
4241 W WASHINGTON BLVD.

For IRS Use Only

City Town or Post Office State and ZIP Code For a Foreign Address See instructions
CHICAGO, IL 60624-0337

Check type of return to be filed (file a separate application for each return)

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (Section 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

Stop Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

● If the organization does not have an office or place of business in the United States, check this box ▶ [ ]

● If this is for a group return, enter the organization's four digit Group Exemption Number (GEN) ______ If this is for the whole group check this box ▶ [ ] If it is part of the group check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 5/15 2002

5 For calendar year ____ or other tax year beginning 7/01 2000 and ending 6/30, 2001

6 If this tax year is for less than 12 months check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension INFORMATION IS REQUIRED FORM OUTSIDE THIRD PARTIES TO ADEQUATELY COMPLETE THE TAX RETURN.

8a If this application is for Form 990-BL 990-PF 990-T 4720 or 6069, enter the tentative tax, less any nonrefundable credits See instructions $

b If this application is for Form 990-PF 990-T, 4720 or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 $

c Balance due Subtract line 8b from line 8a Include your payment with this form or if required deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System) See instructions $

Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true correct and complete and that I am authorized to prepare this form

Signature ▶ Title ▶ CPA Date ▶ 1/28/02

Notice to Applicant - To be Completed by the IRS

[ ] We have approved this application Please attach this form to the organization s return

[ ] We have not approved this application However we have granted a 10-day grace period from the later of the date shown below or the due date of the organization s return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return Please attach this form to the organization s return

[ ] We have not approved this application After considering the reasons stated in item 7 we cannot grant your request for an extension of time to file We are not granting a 10-day grace period

[ ] We cannot consider this application because it was filed after the due date of the return for which an extension was requested

[ ] Other

EXTENSION APPROVED
FEB 0 2 2002
LINDA WEISKOPF, FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN

Director ______ By ______ Date ______

CORR 1UB22 02

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or Print

Name
PESTINE, BRINATI, GAMER, LTD.

Number and Street (include suite room or apartment number) or a P O Box Number
666 DUNDEE RD. STE.#401

City or Town Province or State and Country (including postal or ZIP code)
NORTHBROOK, IL 60062