

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001**

B Check if applicable:
 Change of address
 Change of name
 Initial return
 Final return
 Amended return (use also for state reporting)

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

C Name of organization: **CHICAGO LEGAL CLINIC, INC**
 Number and street (or P.O. box if mail is not delivered to street address): **2938 EAST 91ST STREET**
 City or town, state or country, and ZIP: **CHICAGO, IL 60617**

D Employer identification number: **36-3200465**

E Telephone number: **(773) 731-1762**

F Check if application pending

G Organization type (check only one) 501(c) (03) (insert no.) 527 OR 4947(a)(1)

H (H and I are not applicable to section 527 orgs.)
 H(a) Is this a group return for affiliates? Yes No
 H(b) If "Yes," enter number of affiliates
 H(c) Are all affiliates included? (If "No," attach a list.) Yes No
 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)

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.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	500,693.	
	b	Indirect public support	1b	128,334.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 629,027. noncash \$)	1d	629,027.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	657,322.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	14,653.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	6b	Less: rental expenses	6b		
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe)	7			
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a	100.	
	c	Gain or (loss) (attach schedule)	8b	4,370.	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-4,270.	
Revenue	9	Special events and activities (attach schedule)	8d	STMT 1	-4,270.
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	108,711.	
	b	Less: direct expenses other than fundraising expenses	9b	36,627.	
9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2	72,084.	
Revenue	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		
Expenses	11	Other revenue (from Part VII, line 103)	11	27,287.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,396,103.	
	13	Program services (from line 44, column (B))	13	1,166,741.	
	14	Management and general (from line 44, column (C))	14	82,876.	
	15	Fundraising (from line 44, column (D))	15	54,516.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	1,304,133.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	91,970.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	507,974.	
	20	Other changes in net assets or fund balances (attach explanation)	20	7,721.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	607,665.	

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Part IV Balance Sheets

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	25,492.	45 -841.
	46 Savings and temporary cash investments	164,406.	46 202,797.
	47 a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable	25,659.	49 29,522.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	8,746.	53 8,746.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments - land, buildings, and equipment: basis	55a 206,347.	55c
	b Less: accumulated depreciation	55b 142,487.	55c 63,860.
56 Investments - other	SEE STATEMENT 7	56 120,489.	
57 a Land, buildings, and equipment: basis	57a	57c	
b Less: accumulated depreciation	57b	57c	
58 Other assets (describe SEE STATEMENT 8)	499,542.	58 346,772.	
59 Total assets (add lines 45 through 58) (must equal line 74)	902,120.	59 821,679.	
Liabilities	60 Accounts payable and accrued expenses	1,986.	60 5,962.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe SEE STATEMENT 9)	392,160.	65 208,052.
66 Total liabilities (add lines 60 through 65)	394,146.	66 214,014.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	464,364.	67 537,465.
	68 Temporarily restricted	43,610.	68 70,200.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)	507,974.	73 607,665.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	902,120.	74 821,679.	

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 VI Other Information		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 CLCET, INC. and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> 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		68,875.
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? 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.	85b		N/A
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 notice 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 301.7701-3? 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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
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 on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed ILLINOIS	90a		
b	Number of employees employed in the pay period that includes March 12, 2000	90b		30
91	The books are in care of EDWARD GROSSMAN, EXECUTIVE DIRECTOR Telephone no. 773-731-4264 Located at 2938 EAST 91ST STREET, CHICAGO, IL ZIP code 60617			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Part VII Analysis of Income-Producing Activities

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a CLIENT FEES					379,025.
b CONTRACT FOR SERVICE					278,297.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	14,653.	
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					
100 Gain or (loss) from sales of assets other than inventory					-4,270.
101 Net income or (loss) from special events					72,084.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					154.
b SUBLET INCOME					11,550.
c INCOME FROM SHARED					
d EMPLOYEE					15,583.
e					
104 Subtotal (add columns (B), (D), and (E))		0.		14,653.	752,423.
105 Total (add line 104, columns (B), (D), and (E))					767,076.

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

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).
▼	SEE STATEMENT 13

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(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

- (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).

completing schedules and statements, and to the best of my knowledge and belief, it is true, information of which preparer has any knowledge. (Important: See General Instruction W.)

30, 2001 **THOMAS J. PAPROCKI, PRESIDENT**
Type or print name and title

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

▶ **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 **CHICAGO LEGAL CLINIC, INC** Employer identification number **36: 3200465**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ 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.	1	X
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? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a 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.)	593,760.	571,487.	363,713.	293,071.	1,822,031.
16 Membership fees received					
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	546,929.	432,795.	405,385.	444,961.	1,830,070.
18 Gross income from interest, dividends, amounts received from payments on securities loans (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	11,365.	9,499.	11,529.	7,781.	40,174.
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 schedule. Do not include gain or (loss) from sale of capital assets	68,017.	67,443.	71,646.	84,607.	291,713.
23 Total of lines 15 through 22	1,220,071.	1,081,224.	852,273.	830,420.	3,983,988.
24 Line 23 minus line 17	673,142.	648,429.	446,888.	385,459.	2,153,918.
25 Enter 1% of line 23	12,201.	10,812.	8,523.	8,304.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 43,078.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental 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 SEE STATEMENT 15 754,516.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 2,153,918.
d Add: Amounts from column (e) for lines: 18 40,174. 19 22 291,713. 26b 754,516.					26d 1,086,403.
e Public support (line 26c minus line 26d total)					26e 1,067,515.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 49.5615%
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: (1999) N/A (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 these differences (the excess amounts) for each year. N/A (1999) (1998) (1997) (1996)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

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.)

NONE

Part V Private School Questionnaire
 (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?		
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?		
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? 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? 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		

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here If the organization belongs to an affiliated group.
 Check here 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
		N/A	
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 - 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	41	
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

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 e 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)			0.

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

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

Name of organization

CHICAGO LEGAL CLINIC, INC

Employer identification number
36-3200465

Organization type (check one)-Section: 501(c)(03) (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year. (But see **General rule below**.)

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

Caution: Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

Public Inspection

Schedule B (Form 990 or 990-EZ) is:

- Open to public inspection for a section 527 political organization.
- Generally not open to public inspection for the other organizations that must file this form.

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

General rule. Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

Section 501(c)(3) organizations. For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

Section 501(c)(7), (8), or (10) organizations. For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the **General rule** discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

Specific Instructions

Note: You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

Part I. In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

Employer identification number

CHICAGO LEGAL CLINIC, INC

36-3200465

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2		\$ 10,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
3		\$ 15,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
4		\$ 40,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
5		\$ 20,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
6		\$ 7,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

CHICAGO LEGAL CLINIC, INC

36-3200465

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
7		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
8		\$ 120,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
9		\$ 25,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
10		\$ 25,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
11		\$ 15,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
12		\$ 12,500.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Name of organization

Employer identification number

CHICAGO LEGAL CLINIC, INC

36-3200465

Part I Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
13		\$ 25,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
14		\$ 12,302.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
15		\$ 48,334.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
16		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
17		\$ 5,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
18		\$ 40,000.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS STATEMENT 15
 INCLUDED ON PART IV, LINE 26B

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME	TOTAL CONTRIBUTION	EXCESS CONTRIBUTION
	441,675.	398,597.
	71,000.	27,922.
	70,000.	26,922.
	120,000.	76,922.
	62,000.	18,922.
	52,750.	9,672.
	77,500.	34,422.
	65,369.	22,291.
	50,625.	7,547.
	125,990.	82,912.
	82,543.	39,465.
	52,000.	8,922.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		754,516.

Book Asset Detail 7/01/00 - 6/30/01

FYE: 6/30/2001

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Book Value	Book Method	Book Period
Group: Automobiles											
66	1986 Honda Accord	6/26/00	3,666.67	0.00	0.00	611.11	1,222.22	1,833.33	1,833.34	S/L	3.0
			<u>3,666.67</u>	<u>0.00c</u>	<u>0.00</u>	<u>611.11</u>	<u>1,222.22</u>	<u>1,833.33</u>	<u>1,833.34</u>		
Group: Donated property											
13	Office equip. (see permanent file for	12/31/96	900.00	0.00	0.00	630.00	180.00	810.00	90.00	S/L	5.0
17	Research materials	6/30/94	2,974.00	0.00	0.00	2,974.00	0.00	2,974.00	0.00	S/L	3.0
18	Various	6/30/94	1,059.25	0.00	0.00	1,059.25	0.00	1,059.25	0.00	S/L	3.0
20 *	Telephone system - SE Drug and Al	6/30/95	800.00	0.00	0.00	800.00	0.00	800.00	0.00	S/L	5.0
21	Desk and 2 chairs - Samuel Cultrata	6/30/95	150.00	0.00	0.00	150.00	0.00	150.00	0.00	S/L	5.0
22	File cabinet - Muhammed Gleith	6/30/95	150.00	0.00	0.00	150.00	0.00	150.00	0.00	S/L	5.0
23 *	Copier - Nilson, Stookal, Gleason &	6/30/95	3,500.00	0.00	0.00	3,500.00	0.00	3,500.00	0.00	S/L	5.0
24	Computer equipment - Nilson, Stook	6/30/95	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	0.00	S/L	5.0
25	Library (see permanent file for detai	12/31/96	5,195.00	0.00	0.00	3,636.50	1,039.00	4,675.50	519.50	S/L	5.0
26	Computer equipement (see perm file	12/31/96	4,825.00	0.00	0.00	4,825.00	0.00	4,825.00	0.00	S/L	5.0
27	Furniture (see permanent file for det	12/31/96	4,550.00	0.00	0.00	3,185.00	910.00	4,095.00	455.00	S/L	5.0
37 *	Computer equipment - A. Sanchez	6/30/98	350.00	0.00	0.00	140.00	35.00	175.00	175.00	S/L	5.0
38	Tables & chairs - Clifton Gunderson	6/30/98	1,750.00	0.00	0.00	700.00	350.00	1,050.00	700.00	S/L	5.0
39	Desks & filing cabinets - Clifton Gu	6/30/98	1,700.00	0.00	0.00	680.00	340.00	1,020.00	680.00	S/L	5.0
40	Desks & filing cabinets - Archdioc	6/30/98	500.00	0.00	0.00	200.00	100.00	300.00	200.00	S/L	5.0
41	Computer equipment - Skadden	6/30/98	1,200.00	0.00	0.00	480.00	240.00	720.00	480.00	S/L	5.0
42 *	Books (northeast and III) - Daubach	6/30/98	2,000.00	0.00	0.00	800.00	200.00	1,000.00	1,000.00	S/L	5.0
43	United States Code - N. Brent	6/30/98	300.00	0.00	0.00	120.00	60.00	180.00	120.00	S/L	5.0
44	Marindale Hubbell Law - Loyola	6/30/98	3,500.00	0.00	0.00	1,400.00	700.00	2,100.00	1,400.00	S/L	5.0
49	Filing cabinets - Beefer, Schad & Di	6/30/99	1,200.00	0.00	0.00	240.00	240.00	480.00	720.00	S/L	5.0
50	US Code, Annotated - Karaganis &	6/30/99	550.00	0.00	0.00	110.00	110.00	220.00	330.00	S/L	5.0
51 *	Epson Computer - C. O'Laughlin	6/30/99	750.00	0.00	0.00	150.00	75.00	225.00	525.00	S/L	5.0
52	Office Furniture - South Chicago Ba	6/30/99	1,000.00	0.00	0.00	200.00	200.00	400.00	600.00	S/L	5.0
53 *	Fax, printer, legal volumes - B. Szez	6/30/99	2,000.00	0.00	0.00	400.00	200.00	600.00	1,400.00	S/L	5.0
54	Office furniture - J. Fridkin	6/30/99	900.00	0.00	0.00	180.00	180.00	360.00	540.00	S/L	5.0
55	Computer	6/15/00	300.00	0.00	0.00	8.33	100.00	108.33	191.67	S/L	3.0
56	Conference table, chairs, cabinets	6/15/00	1,800.00	0.00	0.00	30.00	360.00	390.00	1,410.00	S/L	5.0
57	Chairs (4)	5/19/00	500.00	0.00	0.00	8.33	100.00	108.33	391.67	S/L	5.0
58	Conference tables (2)	2/02/00	1,000.00	0.00	0.00	83.33	200.00	283.33	716.67	S/L	5.0
59	Copy Machine	2/01/00	400.00	0.00	0.00	33.33	80.00	113.33	286.67	S/L	5.0
60 *	IBM Typewriters (5), Law Directory	12/23/99	500.00	0.00	0.00	50.00	50.00	100.00	400.00	S/L	5.0
61	486 computer, printer	12/22/99	750.00	0.00	0.00	125.00	250.00	375.00	375.00	S/L	3.0
62	Office furniture	11/15/99	300.00	0.00	0.00	40.00	60.00	100.00	200.00	S/L	5.0
63	Cabinets	11/15/99	800.00	0.00	0.00	106.67	160.00	266.67	533.33	S/L	5.0
64	Pentium processor and monitor	11/15/99	1,000.00	0.00	0.00	222.22	333.33	555.55	444.45	S/L	3.0
80	Canon Copier-Posner	4/05/01	5,500.00	0.00c	0.00	0.00	275.00	275.00	5,225.00	S/L	5.0
81	Office Furniture-Bobb & Assoc	4/15/01	2,500.00	0.00c	0.00	0.00	125.00	125.00	2,375.00	S/L	5.0
82	Computer Equipment-Jacobson	1/16/01	600.00	0.00c	0.00	0.00	50.00	50.00	550.00	S/L	5.0
83	(4) Secretarial Desks-Allgretti	6/15/01	2,750.00	0.00c	0.00	0.00	45.83	45.83	2,704.17	S/L	5.0
84	Credenza-Allgretti	6/15/01	500.00	0.00c	0.00	0.00	8.33	8.33	491.67	S/L	5.0
85	Antique Desk & Marble Credenza-A	6/15/01	5,000.00	0.00c	0.00	0.00	83.33	83.33	4,916.67	S/L	5.0
86	Executive Desk Chairs-Allgretti	6/15/01	800.00	0.00c	0.00	0.00	13.33	13.33	786.67	S/L	5.0
87	(5) Desk Chairs-Allgretti	6/15/01	1,150.00	0.00c	0.00	0.00	19.17	19.17	1,130.83	S/L	5.0

Book Asset Detail 7/01/00 - 6/30/01

FYE: 6/30/2001

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Book Value	Book Method	Book Period
Group: Donated property (continued)											
88	(2) Bookcases & Accessories-Alligre	6/15/01	725.00	0.00c	0.00	0.00	12.08	12.08	712.92	S/L	5.0
89	ILL Decision Books-Alligretti	6/15/01	1,250.00	0.00c	0.00	0.00	34.72	34.72	1,215.28	S/L	3.0
90	Drapes & Curtain Rods-Grossman	11/02/00	300.00	0.00c	0.00	0.00	40.00	40.00	260.00	S/L	5.0
91	Corel WordPerfect 2000-Vizza	2/20/01	300.00	0.00c	0.00	0.00	33.33	33.33	266.67	S/L	3.0
92	Panasonic Typewriter-Freireich	4/02/01	150.00	0.00c	0.00	0.00	7.50	7.50	142.50	S/L	5.0
93	Computer scanner-Imparl	1/21/01	75.00	0.00c	0.00	0.00	6.25	6.25	68.75	S/L	5.0
94	Typewriter-Simeone	8/11/00	25.00	0.00c	0.00	0.00	4.58	4.58	20.42	S/L	5.0
	Donated property		71,778.25	0.00c	0.00	28,416.96	7,610.78	36,027.74	35,750.51		
	*Less: Dispositions		9,900.00	0.00	0.00	5,840.00	0.00	6,400.00	3,500.00		
	Net Donated property		61,878.25	0.00c	0.00	22,576.96	7,610.78	29,627.74	32,250.51		
Group: Equipment											
1	Office equipment	6/30/91	33,046.00	0.00	0.00	33,046.00	0.00	33,046.00	0.00	S/L	5.0
2	Office equipment	6/30/92	3,711.00	0.00	0.00	3,711.00	0.00	3,711.00	0.00	S/L	5.0
3	Software	6/30/96	980.00	0.00	0.00	980.00	0.00	980.00	0.00	S/L	5.0
4	Computer	6/30/94	5,664.00	0.00	0.00	5,664.00	0.00	5,664.00	0.00	S/L	3.0
5	Donated copy machine	6/30/94	1,500.00	0.00	0.00	1,500.00	0.00	1,500.00	0.00	S/L	4.0
6	Computer equipment - CompUSA	8/09/94	1,709.87	0.00	0.00	1,709.87	0.00	1,709.87	0.00	S/L	3.0
7	AT&T telephone system	1/23/95	8,459.50	0.00	0.00	8,459.50	0.00	8,459.50	0.00	S/L	5.0
8	Computer - Keith Harley	8/22/94	1,500.00	0.00	0.00	1,500.00	0.00	1,500.00	0.00	S/L	5.0
9	Air conditioner - Ted Stacey	7/26/95	200.00	0.00	0.00	196.67	3.33	200.00	0.00	S/L	5.0
10	Copier - N.E. Brands	9/09/97	7,413.00	0.00	0.00	4,200.70	1,482.60	5,683.30	1,729.70	S/L	5.0
11	Copier - N. E. Brand	2/22/96	6,550.00	0.00	0.00	5,676.67	873.33	6,550.00	0.00	S/L	5.0
12	Computer - Elek Tek	11/18/96	2,016.12	0.00	0.00	2,016.12	0.00	2,016.12	0.00	S/L	5.0
29	Coper - N.E. Brands	9/09/97	1,122.50	0.00	0.00	636.08	112.25	748.33	374.17	S/L	5.0
30	Copier - N.E. Brands	9/15/97	105.50	0.00	0.00	59.78	10.55	70.33	35.17	S/L	5.0
31	Computer equipment - Insight	11/06/97	35,926.97	0.00	0.00	18,393.58	7,185.39	25,578.97	10,348.00	S/L	5.0
32	NT servers - Dell	11/19/97	7,908.00	0.00	0.00	4,085.80	1,581.60	5,667.40	2,240.60	S/L	5.0
33	Computer equipment - Insight	12/12/97	318.60	0.00	0.00	164.61	63.72	228.33	90.27	S/L	5.0
34	Telephone equipment	12/15/97	212.00	0.00	0.00	109.53	42.40	151.93	60.07	S/L	5.0
35	Computer equipment - Insight	1/29/98	782.82	0.00	0.00	378.36	156.56	534.92	247.90	S/L	5.0
36	Copier - Image Solutions	3/31/98	5.00	0.00	0.00	2.25	1.00	3.25	1.75	S/L	5.0
45	3 HP Printers - Insight	7/23/98	3,191.88	0.00	0.00	1,223.56	638.38	1,861.94	1,329.94	S/L	5.0
46	MITA Copier - Image Solutions	2/18/99	728.00	0.00	0.00	194.13	72.80	266.93	461.07	S/L	5.0
47	Immigration & SS Software - West	9/28/98	2,308.50	0.00	0.00	807.98	461.70	1,269.68	1,038.82	S/L	5.0
67	Computer Monitor	8/04/99	247.53	0.00	0.00	75.63	82.51	158.14	89.39	S/L	3.0
68	Phone System	10/01/99	1,120.31	0.00	0.00	168.05	224.06	392.11	728.20	S/L	5.0
69	Telephone	10/04/99	245.00	0.00	0.00	36.75	49.00	85.75	159.25	S/L	5.0
70	Fax Machine	10/19/99	229.96	0.00	0.00	30.66	45.99	76.65	153.31	S/L	5.0
71	Refrigerator	10/19/99	139.92	0.00	0.00	18.66	27.98	46.64	93.28	S/L	5.0
72	microwave	10/19/99	79.99	0.00	0.00	10.67	16.00	26.67	53.32	S/L	5.0
73	printer	1/12/00	699.00	0.00	0.00	69.90	139.80	209.70	489.30	S/L	5.0
74	(3) Spirit 6-BTN Phones	8/17/00	571.56	0.00c	0.00	0.00	95.26	95.26	476.30	S/L	5.0
75	(5) Monitors	5/15/01	699.95	0.00c	0.00	0.00	38.89	38.89	661.06	S/L	3.0
76	(2) Hard Drives	5/15/01	219.98	0.00c	0.00	0.00	7.33	7.33	212.65	S/L	5.0
77	(4) Monitors w/ cables	5/30/01	659.89	0.00c	0.00	0.00	18.33	18.33	641.56	S/L	3.0
78	HP Laserjet printer	3/22/01	2,131.95	0.00c	0.00	0.00	106.60	106.60	2,025.35	S/L	5.0

Book Asset Detail 7/01/00 - 6/30/01

FYE: 6/30/2001

Asset #	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Deprec	Book Current Depreciation	Book End Depreciation	Book Net Book Value	Book Method	Book Period
Group: Equipment (continued)											
79	Hard Drive for Paul Imparl	2/08/01	681.94	0.00c	0.00	0.00	56.83	56.83	625.11	S/L	5.0
95	Desk Chair-Avila	9/29/00	69.99	0.00c	0.00	0.00	10.50	10.50	59.49	S/L	5.0
96	Fax machine-Vondracek	12/05/00	249.99	0.00c	0.00	0.00	29.17	29.17	220.82	S/L	5.0
	Equipment		133,406.22	0.00c	0.00	95,126.51	13,633.86	108,760.37	24,645.85		
	*Less: Dispositions		1,956.00	0.00	0.00	889.99	0.00	1,085.59	870.41		
	Net Equipment		131,450.22	0.00c	0.00	94,236.52	13,633.86	107,674.78	23,775.44		
Group: Furnishings											
14	Furniture	6/30/94	3,018.75	0.00	0.00	3,018.75	0.00	3,018.75	0.00	S/L	5.0
15	Furniture - Office Max	8/11/94	226.54	0.00	0.00	226.54	0.00	226.54	0.00	S/L	5.0
16	Filing cabinet - Arvey	4/04/95	105.90	0.00	0.00	105.90	0.00	105.90	0.00	S/L	5.0
	Furnishings		3,351.19	0.00c	0.00	3,351.19	0.00	3,351.19	0.00		
	Grand Total		212,202.33	0.00c	0.00	127,505.77	22,466.86	149,972.63	62,229.70		
	Less: Dispositions		11,856.00	0.00	0.00	6,729.99	0.00	7,485.59	4,370.41		
	Net Grand Total		200,346.33	0.00c	0.00	120,775.78	22,466.86	142,487.04	57,859.29		
	<i>Software not yet placed in service</i>		6,000.00	-0-	-0-	-0-	-0-	-0-	6,000.00		
			206,346.33						63,859.29		

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DISPOSAL OF DONATED PROPERTY	VARIOUS	12/31/00	DONATED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	6,400.	0.	2,900.	-3,500.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
DISPOSAL OF EQUIPMENT	VARIOUS	12/31/00	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	1,956.	0.	1,086.	-870.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
SALE OF DONATED PROPERTY	06/30/95	12/31/00	DONATED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	100.	3,500.	0.	3,500.	100.

TO FM 990, PART I, LN 8	100.	11,856.	0.	7,486.	-4,270.
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FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
1999 BANQUET	105,475.		105,475.	36,627.	68,848.
PARKING	3,236.		3,236.		3,236.
TO FM 990, PART I, LINE 9	108,711.		108,711.	36,627.	72,084.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	7,721.
TOTAL TO FORM 990, PART I, LINE 20	7,721.

FORM 990	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	9,706.	7,246.	2,344.	116.
DUES	5,709.	5,654.	55.	
ADVERTISING	125.		125.	
OTHER	5,466.	2,863.	1,607.	996.
CONSULTING	4,026.	3,899.	54.	73.
PROGRAM GRANTS	53,585.	53,585.		
TOTAL TO FM 990, LN 43	78,617.	73,247.	4,185.	1,185.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	5
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EXPLANATION

THE ORGANISATION PROVIDES COMMUNITY BASED LEGAL SERVICES AND EDUCATION TO THE UNDER-SERVED AND DISADVANTAGED IN CHICAGO METROPOLITAN AREAS.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	6
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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
EDUCATIONAL SEMINARS		14,093.
PRO BONO LEGAL SERVICES		68,853.
TOTAL TO FORM 990, PART III, LINE E		82,946.

FORM 990	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	VALUATION METHOD	AMOUNT
U.S. TREASURY STRIPS	MARKET VALUE	94,721.
MUTUAL FUNDS	MARKET VALUE	66,283.
CERTIFICATE OF DEPOSIT	MARKET VALUE	9,819.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		170,823.

FORM 990	OTHER ASSETS	STATEMENT	8
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DESCRIPTION	AMOUNT	
RESTRICTED CASH, CLIENT DEPOSITS	211,943.	
UNCONDITIONAL PROMISES TO GIVE, UNRESTRICTED	102,858.	
CLIENT FEES RECEIVABLE	17,395.	
OTHER RECEIVABLES	14,576.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		346,772.

FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	AMOUNT	
CLIENTS DEPOSITS	211,943.	
OTHER LIABILITIES	-3,891.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		208,052.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT	
DIRECT EXPENSES RELATED TO SPECIAL EVENT ON LINE 9B	36,627.	
TOTAL TO FORM 990, PART IV-A		36,627.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 11
DESCRIPTION		AMOUNT
DIRECT EXPENSES RELATED TO SPECIAL EVENTS ON LINE 9B		36,627.
TOTAL TO FORM 990, PART IV-B		36,627.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
REV. THOMAS J. PAPROCKI 5843 W. STRONG ST., CHICAGO, IL 60630	PRESIDENT 10HR/MO		0.	0. 0.
PATRICIA C. BOBB 833 W. JACKSON BLVD, SUITE 200, CHICAGO, IL 60607	VICEPRESIDENT 2HR/MO		0.	0. 0.
REV. MARK BRUMMEL, C.M.F. 205 W. MONROE ST., CHICAGO, IL.60606	DIRECTOR 1HR/MO		0.	0. 0.
JAMES D. JACOBSON 55 W. MONROE ST. CHICAGO, IL. 60603	TREASURER 2HR/MO		0.	0. 0.
CHARLES J. O'LAUGHLIN ONE IBM PLAZA, CHICAGO, IL. 60611	PRES.EMERITUS 1HR/MO		0.	0. 0.
JACQUELINE DIXON 50 S. LASALLE ST. B7, CHICAGO, IL. 60675	DIRECTOR 1HR/MO		0.	0. 0.
MARK CHUDZINSKI 550 W. VAN BUREN, CHICAGO, IL 60607	DIRECTOR 1HR/MO		0.	0. 0.

FRANK M. CLARK PO BOX 805398, CHICAGO, IL 60680-4398	DIRECTOR 1HR/MO	0.	0.	0.
DONALD E. DONLEY 1400 TORRENCE AVE., CALUMET CITY, IL. 60409	DIRECTOR 2HR/MO	0.	0.	0.
CARRIE K. HUFF 190 S. LASALLE ST. CHICAGO, IL.60603	DIRECTOR 3HR/MO	0.	0.	0.
DANIEL J. MCNAMARA 30 N. LASALLE, CHICAGO, IL 60602	DIRECTOR 1HR/MO	0.	0.	0.
JAMES J. PALOS 703 S. MORGAN ST., MIC041, CHICAGO, IL 60607	DIRECTOR 1HR/MO	0.	0.	0.
PETER M. SHANNON, JR. 120 S. RIVERSIDE PLAZA, CHG, IL 60606	DIRECTOR 1HR/MO	0.	0.	0.
MARK F. VIZZA 175 W. JACKSON BLVD, SUITE 1600, CHICAGO, IL 60604-2827	DIRECTOR 1HR/MO	0.	0.	0.
PENELOPE WOODS TWO PRUDENTIAL PLAZA, CHICAGO, IL 60601	SECRETARY 2HR/MO	0.	0.	0.
ANTHONY J. ZIAK 3658 E. 106TH ST., CHICAGO, IL 60617	DIRECTOR 2HR/MO	0.	0.	0.
JESSE RUIZ QUAKER TOWER, 321 N. CLARK ST., CHICAGO, IL 60610-4795	DIRECTOR 1HR/MO	0.	0.	0.
TERRENCE J. QUANDT 8640 S. CHICAGO AVE., CHIGO, IL 60617	DIRECTOR 1HR/MO	0.	0.	0.

EDWARD GROSSMAN 7422 CHOCTAW, PALOS HTS, IL 60463	EXEC DIRECTOR 200 HR/MO	50,000.	0.	0.
MARTA C. BUKATA 1041 ROYAL DUBLIN, DYER, IN 46311	DEPUTY DIRECT 200 HR/MO	48,500.	0.	0.
PAUL BENETURSKI 6720 W. 111TH ST., WORTH, IL. 60482	DIRECTOR 2HR/MO	0.	0.	0.
CASE HOOGENDOORN 122 S. MICHIGAN, CHICAGO, IL 60603	DIRECTOR 1HR/MO	0.	0.	0.
KATHY POSNER 921 W. VAN BUREN, CHICAGO, IL. 60607	DIRECTOR 2HR/MO	0.	0.	0.
MICHAEL MOSHER 19 S. LASALLE, CHICAGO, IL 60603	DIRECTOR 2HR/MO	0.	0.	0.
LOIS BOUDREAU 801 W. MADISON, CHICAGO, IL 60607	DIRECTOR 2HR/MO	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		98,500.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 13

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	PROVIDING LOW COST LEGAL SERVICES IS THE PURPOSE OF THE ORGANIZATION.
93B	PROVIDING LOW COST LEGAL SERVICES IS THE PURPOSE OF THE ORGANIZATION
101	AGENCY HAS AN ANNUAL FUND RAISER TO RAISE FUNDS TO BE USED FOR THE PURPOSE OF PROVIDING LOW COST LEGAL SERVICES TO THE UNDERSERVED.
103A	MISCELLANEOUS REVENUES ARE USED FOR PROVIDING LOW COST LEGAL SERVICES
100	LOSS RECOGNIZED FROM DISPOSAL OF PROPERTY AND EQUIPMENT
103B	SUBLET INCOME IS DERIVED FROM SUBLETTING UNUSED LEASED SPACE TO REDUCE RENT COSTS AND THEREBY MAKING MORE FUNDS AVAILABLE FOR PROGRAM SERVICES
103D	INCOME FROM SHARED EMPLOYEE IS DERIVED FROM FEES CHARGED TO AN UNRELATED ORGANIZATION FOR SHARING THE SERVICES OF A TECHNOLOGY EMPLOYEE. THE INCOME REDUCES THE PAYROLL COST OF HAVING A TECHNOLOGY EMPLOYEE ON STAFF THEREBY MAKING MORE FUNDS AVAILABLE FOR PROGRAM SERVICES

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
SPECIAL EVENTS AND OTHER	68,017.	67,443.	71,646.	84,607.
TOTAL TO SCHEDULE A, LINE 22	68,017.	67,443.	71,646.	84,607.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- 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	Name of Exempt Organization CHICAGO LEGAL CLINIC, INC	Employer identification number 36-3200465
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2938 EAST 91ST STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60617	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> 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 FEBRUARY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning JUL 1, 2000, and ending JUN 30, 2001

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 \$ _____

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 \$ _____

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 \$ N/A

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 ▶ [Signature] Title ▶ CPA 321-52-5017 Date ▶ 11/12/01

LHA For Paperwork Reduction Act Notice, see Instruction Form 8868 (12-2000)