

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

B Check if applicable

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

Please use
IRS label
or print
or type
See
specific
instruc-
tions.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 Accounting method

☐ Cash ☒ Accrual☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ NoH (b) If yes, enter number of affiliates ▶ ☐ Yes ☐ NoH (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 GEN ▶

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

G Web site. ▶ N/A

J Organization type
(check only one)▶ ☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K 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 Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 773,019.

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

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	427,708.	
b	Indirect public support	1b	24,374.	
c	Government contributions (grants)	1c	303,241	
d	Total (add lines 1a through 1c) (cash \$ 755,323. noncash \$)	1d	755,323	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	8,120	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	122	
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)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less: cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d		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	8,967	
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	487.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	773,019.	
13	Program expenses (from line 44, column (B))	13	556,473.	
14	Management and general (from line 44, column (C))	14	235,813.	
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 13 and 14, column (A))	17	792,286.	
18	Excess (or deficit) for the year (subtract line 17 from line 12)	18	-19,267	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	200,418.	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	181,151	

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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.

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				
26 Other salaries and wages	26	501,839.	375,327	126,512.	
27 Pension plan contributions	27				
28 Other employee benefits	28	66,233	43,066	23,167.	
29 Payroll taxes	29	43,342.	32,262	11,080.	
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	13,937	10,542	3,395.	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 1	43a	166,935	95,276	71,659.	
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	792,286	556,473.	235,813	0

Joint Costs Check ☐ if you are following SOP 98.2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ 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

What is the organization's primary exempt purpose? SEE STATEMENT 2	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)
a DAY CARE PROGRAMS _____ _____ _____ (Grants and allocations \$ _____)	200,111.
b PRIMO WOMENS' CENTER _____ _____ _____ (Grants and allocations \$ _____)	226,567
c AFTER SCHOOL PROGRAMS _____ _____ _____ (Grants and allocations \$ _____)	105,803
d OTHER PROGRAMS _____ _____ _____ (Grants and allocations \$ _____)	23,992.
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	556,473.

Part IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year	
ASSETS	45	Cash — non-interest-bearing	162,054	45	39,562.
	46	Savings and temporary cash investments	2,320.	46	2,439.
	47a	Accounts receivable	79,911		
	b	Less: allowance for doubtful accounts		47c	79,911.
	47b		1,460		
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts		48c	
	48b				
	49	Grants receivable	12,596	49	100,000.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes & loans receivable (attach sch)			
	b	Less: allowance for doubtful accounts		51c	
	51b				
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	5,610	53	7,280.
	54	Investments — securities (attach schedule)		54	
	55a	Investments — land, buildings, & equipment basis			
	b	Less: accumulated depreciation (attach schedule)		55c	
	55b				
56	Investments — other (attach schedule)		56		
57a	Land, buildings, and equipment basis	376,250.			
b	Less: accumulated depreciation (attach schedule)				
57b	146,099.	221,014	57c	230,151.	
58	Other assets (describe ►)		58		
59	Total assets (add lines 45 through 58) (must equal line 74)	405,054.	59	459,343	
LIABILITIES	60	Accounts payable and accrued expenses	116,174.	60	139,586
	61	Grants payable		61	
	62	Deferred revenue	13,606	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)	74,855	64b	125,000.
	65	Other liabilities (describe ►)	1	65	
	66	Total liabilities (add lines 60 through 65)	204,636	66	278,192.
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	200,418	67	181,151
	68	Temporarily restricted		68	
	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)	200,418	73	181,151
	74	Total liabilities and net assets/fund balances (add lines 66 and 73)	405,054.	74	459,343.

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited
Financial Statements with Revenue
per Return (See instructions)**

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, and other support per audited financial statements	a	773,019	a	Total expenses and losses per audited financial statements	a	792,286
b	Amounts included on line a but not on line 12, Form 990			b	Amounts included on line a but not on line 17, Form 990		
(1)	Net unrealized gains on investments \$			(1)	Donated services and use of facilities \$		
(2)	Donated services and use of facilities \$			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)			(4)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) through (4)	b			Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	773,019	c	Line a minus line b	c	792,286
d	Amounts included on line 12, Form 990 but not on line a			d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$			(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)			(2)	Other (specify)		
	----- \$				----- \$		
	Add amounts on lines (1) and (2)	d			Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	773,019	e	Total expenses per line 17, Form 990 (line c plus line d)	e	792,286

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)
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[illegible]

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?

If 'Yes,' attach schedule – see instructions

► ☐ Yes

☒ No

Part VI Other Information (See specific instructions)

		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		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		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	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?		X
80b	If 'Yes,' enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		X
82a	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?		X
82b	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 in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?		N/A
85b	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		N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?		N/A
85h	If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
87b	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		X
89a	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> .		
89b	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		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
90a	List the states with which a copy of this return is filed ▶ <u>ILLINOIS</u>		
90b	Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	13
91	The books are in care of ▶ <u>DIANN JAMISON</u> Telephone number ▶ <u>773-722-8333</u> Located at ▶ <u>4241 W. WASHINGTON BLVD, CHICAGO, IL</u> ZIP + 4 ▶ <u>60624</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here 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 instructions.)

Note 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					8,120.
b					
c					
d					
e					
f Medicare/Medicaid payments.					
g Fees & contracts from government agencies.					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					122.
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					8,967.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS					487
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					17,696.
105 Total (add line 104, columns (B), (D), and (E))					17,696

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 instructions.)

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 (B)	MISCELLANEOUS REVENUE USED TO SUPPORT PROGRAM SERVICES
101	SPECIAL EVENTS TO RAISE FUNDS TO SUPPORT EXEMPT ACTIVITIES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(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 instructions.)

- 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 knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

2/11/03

Date

BRIAN FARGO

Part III Statements About Activities (See instructions)

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. **\$** N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

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 substantial contributors, 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? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

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

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note 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.

Part IV Reason for Non-Private Foundation Status (See 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.)
- 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 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 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	808,034.	906,544	454,220	400,788	2,569,586
16 Membership fees received		18,892.	16,870	14,615	50,377
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	19,677				19,677.
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	25				25.
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. SEE SMTT 5	5,689	15,471	309	1,004.	22,473
23 Total of lines 15 through 22	833,425	940,907	471,399	416,407.	2,662,138
24 Line 23 minus line 17	813,748	940,907	471,399	416,407	2,642,461.
25 Enter 1% of line 23	8,334.	9,409	4,714	4,164	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ **26a** 52,849

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. ▶ **26b**

c Total support for Section 509(a)(1) test. Enter line 24, column (e) ▶ **26c** 2,642,461

d Add Amounts from column (e) for lines **18** 25 **19** 22 22,473 **26b** 26d 22,498 ▶ **26e** 2,619,963.

e Public support (line 26c minus line 26d total) ▶ **26f** 99.15 %

f Public support percentage (line 26e (numerator) divided by line 26c (denominator))

27 Organizations described on line 12: N/A

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year
(2000) _____ (1999) _____ (1998) _____ (1997) _____

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records 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.) Do not file this list with your return. 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
(2000) _____ (1999) _____ (1998) _____ (1997) _____

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 from 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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See 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?		
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?	32 a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32 d	
	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?	33 a	
b	Admissions policies?	33 b	
c	Employment of faculty or administrative staff?	33 c	
d	Scholarships or other financial assistance?	33 d	
e	Educational policies?	33 e	
f	Use of facilities?	33 f	
g	Athletic programs?	33 g	
h	Other extracurricular activities?	33 h	
	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?	34 a	
b	Has the organization's right to such aid ever been revoked or suspended?	34 b	
	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	

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked 'a' 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 –			
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	41	
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)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable 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 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 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?

a Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

	Yes	No
51 a (i)		X
a (ii)		X
b (i)		X
b (ii)		X
b (iii)		X
b (iv)		X
b (v)		X
b (vi)		X
c		X

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization.

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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.

[illegible]

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

[illegible]

URBAN FAMILY & COMMUNITY CENTERS

36-2966006

STATEMENT 1
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ACCOUNTING & AUDIT	14,778	4,152	10,626	
BANK SERVICE CHARGES	864.		864	
CONFERENCE & MEETINGS	1,468	245	1,223	
DUES, SUBS & PUBS	2,072.	1,050	1,022.	
EQUIP RENTAL	7,439.	3,700.	3,739.	
EQUIPMENT MAINT & REPAIR	8,023.	1,481.	6,542	
FIELD TRIPS	982.	982.		
FOOD, OFFICE AND PGM SUPPLIES	35,271	31,336	3,935	
INTEREST	1,139		1,139	
LIABILITY INSURANCE	15,174	2,020	13,154.	
LOCAL TRAVEL	373	57	316	
MISCELLANEOUS	7,158.	1,860	5,298	
OCCUPANCY	52,831.	39,973	12,858.	
POSTAGE, PRINTING & COPYING	1,198.	201	997.	
PROGRAM CONSULTANTS	5,385.	2,191	3,194.	
STAFF TRAINING	314.	314.		
TELEPHONE	12,466.	5,714.	6,752	
TOTAL	\$ 166,935	\$ 95,276	\$ 71,659	\$ 0

STATEMENT 2
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 3
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 700	\$ 700	\$ 0
FURNITURE AND FIXTURES	74,980	71,713	3,267.
BUILDINGS	300,570.	73,686.	226,884
TOTAL	\$ 376,250	\$ 146,099.	\$ 230,151.

URBAN FAMILY & COMMUNITY CENTERS

36-2966006

STATEMENT 4
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
QUINTIN E PRIMO III 875 N MICHIGAN #3430 CHICAGO, IL 60611	CHAIRMAN NONE	\$ 0	\$ 0.	\$ 0.
DR. GERRI OUTLAW 2040 DEWEY EVANSTON, IL 60201	PRESIDENT NONE	0.	0	0.
CHRISTOPHER GRIFFEN 600 HAVEN ST. #K4 EVANSTON, IL 60201	VICE PRESIDENT NONE	0.	0	0.
BRIAN FARGO 875 N MICHIGAN AVE , #3430 CHICAGO, IL 60611	VICE PRESIDENT NONE	0.	0	0
ROBERT BERGER 1506 SHERIDAN ROAD HIGHLAND PARK, IL 60035	SECRETARY 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.
MARK RANDOLPH 1303 E ALGONQUIN RD SCHAUMBURG, IL 60196	TRUSTEE NONE	0	0.	0.

URBAN FAMILY & COMMUNITY CENTERS

36-2966006

STATEMENT 4 (CONTINUED)
 FORM 990, PART V
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
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
TOTAL		\$ 0.	\$ 0.	\$ 0

STATEMENT 5
 SCHEDULE A, PART IV-A, LINE 22
 OTHER INCOME

DESCRIPTION	(A) 2000	(B) 1999	(C) 1998	(D) 1997	(E) TOTAL
MISCELLANEOUS	\$ 5,689.	\$ 15,471	\$ 309.	\$ 1,004.	\$ 22,473.
TOTAL	\$ 5,689	\$ 15,471	\$ 309	\$ 1,004.	\$ 22,473.

Form **8868**

(December 2000)

**Application for Extension of Time to File an
Exempt Organization Return**

OMB No 1545-1709

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 File by the due date for filing your return. See instructions	Name of Exempt Organization	URBAN FAMILY & COMMUNITY CENTERS	Employer Identification Number
	F/K/A CHRISTIAN COMMUNITY SERVICES		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			State ZIP Code
CHICAGO, IL 60624-0337			

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 (Section 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 cover1 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► ☒ tax year beginning 7/01, 20 00, and ending 6/30, 20 012 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period3a 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 \$ 0b 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 \$ 0c **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 08 2001

MORTON GROVE, IL