Form **990** Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under 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

OMB No 1545-0047 **2001** Open to Public Inspection

**A For the 2001 calendar year, or tax year period beginning** JUL 1, 2001 and ending JUN 30, 2002

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 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 | Room/suite

City or town state or country, and ZIP + 4: CHICAGO, IL 60617

**D Employer identification number** 36-3200465

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

F Accounting method [ ] Cash [X] 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 [X] No

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

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If 'No ' attach a list )

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Enter 4-digit GEN ▶

M Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site ▶N/A

J **Organization type** (check only one) ▶ [X] 501(c) ( 03 ) ◀ (insert no ) [ ] 4947(a)(1) or [ ] 527

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 Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,409,519.

## 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 | 559,954. | | |
| | b | Indirect public support | 1b | 93,875. | | |
| | c | Government contributions (grants) | 1c | | | |
| | d | Total (add lines 1a through 1c) (cash $ 653,829. noncash $ ) | | | 1d | 653,829. |
| | 2 | Program service revenue including government fees and contracts (from Part VII line 93) | | | 2 | 597,870. |
| | 3 | Membership dues and assessments | | | 3 | |
| | 4 | Interest on savings and temporary cash investments | | | 4 | 11,084. |
| | 5 | Dividends and interest from securities | | | 5 | |
| | 6 a | 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 | |

| | | (A) Securities | | (B) Other |
|---|---|---|---|---|
| 8 a | Gross amount from sale of assets other than inventory | | 8a | |
| b | Less cost or other basis and sales expenses | | 8b | 1,222. |
| c | Gain or (loss) (attach schedule) | | 8c | -1,222. |

| | | | | | | |
|---|---|---|---|---|---|---|
| Revenue | d | Net gain or (loss) (combine line 8c columns (A) and (B)) | | STMT 1 | 8d | -1,222. |
| | 9 | Special events and activities (attach schedule) | | | | |
| | a | Gross revenue (not including $ 0. of contributions reported on line 1a) | 9a | 113,011. | | |
| | b | Less direct expenses other than fundraising expenses | 9b | 30,973. | | |
| | c | Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 2 | | | 9c | 82,038. |
| | 10 a | 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 | 33,725. |
| | 12 | Total revenue (add lines 1d, 2, 3, 4, 5 6c, 7, 8d, 9c, 10c, and 11) | | | 12 | 1,377,324. |
| Expenses | 13 | Program services (from line 44 column (B)) | | | 13 | 1,214,017. |
| | 14 | Management and general (from line 44 column (C)) | | | 14 | 85,275. |
| | 15 | Fundraising (from line 44, column (D)) | | | 15 | 58,886. |
| | 16 | Payments to affiliates (attach schedule) | | | 16 | |
| | 17 | Total expenses (add lines 16 and 44, column (A)) | | | 17 | 1,358,178. |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | | | 18 | 19,146. |
| | 19 | Net assets or fund balances at beginning of year (from line 73 column (A)) | | | 19 | 607,665. |
| | 20 | Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 | | | 20 | -5,613. |
| | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | | | 21 | 621,198. |

5 64-5

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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 (attach schedule) cash $ noncash $ | 22 | | | | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25 Compensation of officers, directors, etc | 25 | 109,000. | 59,800. | 21,900. | 27,300. |
| 26 Other salaries and wages | 26 | 814,220. | 752,737. | 45,073. | 16,410. |
| 27 Pension plan contributions | 27 | | | | |
| 28 Other employee benefits | 28 | 58,781. | 56,190. | 1,054. | 1,537. |
| 29 Payroll taxes | 29 | 72,977. | 64,315. | 5,210. | 3,452. |
| 30 Professional fundraising fees | 30 | | | | |
| 31 Accounting fees | 31 | 19,616. | 17,851. | 784. | 981. |
| 32 Legal fees | 32 | | | | |
| 33 Supplies | 33 | 13,966. | 13,038. | 398. | 530. |
| 34 Telephone | 34 | 26,646. | 25,487. | 275. | 884. |
| 35 Postage and shipping | 35 | 12,176. | 11,200. | 488. | 488. |
| 36 Occupancy | 36 | 87,647. | 85,267. | 992. | 1,388. |
| 37 Equipment rental and maintenance | 37 | 24,393. | 21,576. | 477. | 2,340. |
| 38 Printing and publications | 38 | 9,385. | 8,604. | 630. | 151. |
| 39 Travel | 39 | 27,995. | 25,785. | 921. | 1,289. |
| 40 Conferences, conventions, and meetings | 40 | | | | |
| 41 Interest | 41 | | | | |
| 42 Depreciation, depletion, etc (attach schedule) | 42 | 25,291. | 22,258. | 1,836. | 1,197. |
| 43 Other expenses not covered above (itemize) | | | | | |
| a | 43a | | | | |
| b | 43b | | | | |
| c | 43c | | | | |
| d | 43d | | | | |
| e SEE STATEMENT 4 | 43e | 56,085. | 49,909. | 5,237. | 939. |
| 44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15 | 44 | 1,358,178. | 1,214,017. | 85,275. | 58,886. |

**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 5

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

| | Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others ) |
|---|---|
| a LEGAL SERVICES (Grants and allocations $ ) | 692,308. |
| b ENVIRONMENTAL LAW (Grants and allocations $ ) | 178,443. |
| c DOMESTIC VIOLENCE (Grants and allocations $ ) | 145,594. |
| d IMMIGRATION PROJECT (Grants and allocations $ ) | 112,917. |
| e Other program services (attach schedule) STATEMENT 6 (Grants and allocations $ ) | 84,755. |
| f **Total of Program Service Expenses** (should equal line 44 column (B) Program services) ▶ | 1,214,017. |

**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 | | -841. | 45 | -3,025. |
| 46 | Savings and temporary cash investments | | 202,797. | 46 | 234,898. |
| 47 a | Accounts receivable | 47a | | | |
| b | Less allowance for doubtful accounts | 47b | | 47c | |
| 48 a | Pledges receivable | 48a | | | |
| b | Less allowance for doubtful accounts | 48b | | 48c | |
| 49 | Grants receivable | | 29,522. | 49 | 36,132. |
| 50 | Receivables from officers, directors, trustees, and key employees | | | 50 | |
| 51 a | Other notes and loans receivable | 51a | | | |
| 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 ▶ ☐ Cost ☐ FMV | | | 54 | |
| 55 a | Investments - land, buildings, and equipment basis | 55a 212,975. | | | |
| b | Less accumulated depreciation | 55b 165,334. | 63,860. | 55c | 47,641. |
| 56 | Investments - other SEE STATEMENT 7 | | 170,823. | 56 | 182,454. |
| 57 a | Land, buildings, and equipment basis | 57a | | | |
| b | Less accumulated depreciation | 57b | | 57c | |
| 58 | Other assets (describe ▶ SEE STATEMENT 8 ) | | 346,772. | 58 | 700,324. |
| 59 | **Total assets** (add lines 45 through 58) (must equal line 74) | | 821,679. | 59 | 1,207,170. |
| **Liabilities** | | | | | |
| 60 | Accounts payable and accrued expenses | | 5,962. | 60 | 5,318. |
| 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 ) | | 208,052. | 65 | 580,654. |
| 66 | **Total liabilities** (add lines 60 through 65) | | 214,014. | 66 | 585,972. |
| **Net Assets or Fund Balances** | | | | | |
| | **Organizations that follow SFAS 117, check here** ▶ [X] and complete lines 67 through 69 and lines 73 and 74 | | | | |
| 67 | Unrestricted | | 537,465. | 67 | 569,898. |
| 68 | Temporarily restricted | | 70,200. | 68 | 51,300. |
| 69 | Permanently restricted | | | 69 | |
| | **Organizations that do not follow SFAS 117, check here** ▶ ☐ and complete lines 70 through 74 | | | | |
| 70 | Capital stock trust principal, or current funds | | | 70 | |
| 71 | Paid-in or capital surplus, or land, building, and equipment fund | | | 71 | |
| 72 | Retained earnings, endowment, accumulated income, or other funds | | | 72 | |
| 73 | **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | | 607,665. | 73 | 621,198. |
| 74 | **Total liabilities and net assets / fund balances** (add lines 66 and 73) | | 821,679. | 74 | 1,207,170. |

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

## Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

| | | | |
|---|---|---|---|
| a | Total revenue gains and other support per audited financial statements | a | 1,475,884. |
| b | Amounts included on line a but not on line 12, Form 990 | | |
| (1) | Net unrealized gains on investments $ -5,613. | | |
| (2) | Donated services and use of facilities $ 73,200. | | |
| (3) | Recoveries of prior year grants $ | | |
| (4) | Other (specify) STMT 10 $ 30,973. | | |
| | Add amounts on lines (1) through (4) | b | 98,560. |
| c | Line a minus line b | c | 1,377,324. |
| d | Amounts included on line 12, Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b, Form 990 $ | | |
| (2) | Other (specify) $ | | |
| | Add amounts on lines (1) and (2) | d | 0. |
| e | Total revenue per line 12 Form 990 (line c plus line d) | e | 1,377,324. |

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

| | | | |
|---|---|---|---|
| a | Total expenses and losses per audited financial statements | a | 1,462,351. |
| b | Amounts included on line a but not on line 17, Form 990 | | |
| (1) | Donated services and use of facilities $ 73,200. | | |
| (2) | Prior year adjustments reported on line 20, Form 990 $ | | |
| (3) | Losses reported on line 20, Form 990 $ | | |
| (4) | Other (specify) STMT 11 $ 30,973. | | |
| | Add amounts on lines (1) through (4) | b | 104,173. |
| c | Line a minus line b | c | 1,358,178. |
| d | Amounts included on line 17, Form 990 but not on line a | | |
| (1) | Investment expenses not included on line 6b, Form 990 $ | | |
| (2) | Other (specify) $ | | |
| | Add amounts on lines (1) and (2) | d | 0. |
| e | Total expenses per line 17, Form 990 (line c plus line d) | e | 1,358,178. |

## Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|---|---|---|---|
| SEE STATEMENT 12 | | 109,000. | 0. | 0. |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations of which more than $10 000 was provided by the related organizations? If "Yes" attach schedule ▶ [ ] Yes [X] No

**Part VI | Other Information**

| | | | 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? N/A | 78b | | |
| 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 [X] exempt OR [ ] nonexempt | | | |
| 81 a | Enter direct or indirect political expenditures See line 81 instructions — 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 in Part III ) — 82b: 73,200. | | | |
| 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? N/A | 84b | | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A | 85a | | |
| b | Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A | 85b | | |
| | If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | | |
| c | Dues, assessments, and similar amounts from members — 85c: N/A | | | |
| d | Section 162(e) lobbying and political expenditures — 85d: N/A | | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A | | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A | | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A | 85g | | |
| h | If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A | 85h | | |
| 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 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0. | | | |
| b | 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0. | | | |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ 0. | | | |
| 90 a | List the states with which a copy of this return is filed ▶ ILLINOIS | | | |
| b | Number of employees employed in the pay period that includes March 12, 2001 — 90b: 38 | | | |

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 + 4 ▶ 60617

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 Specific Instructions on page 32.)

| Note: *Enter gross amounts unless otherwise indicated.* | Unrelated business income | | Excluded by section 512, 513, or 514 | | |
|---|---|---|---|---|---|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | (E) Related or exempt function income |
| 93 Program service revenue: | | | | | |
| a CLIENT FEES | | | | | 329,386. |
| b CONTRACT FOR SERVICE | | | | | 268,484. |
| 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 | 11,084. | |
| 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 | | | | | -1,222. |
| 101 Net income or (loss) from special events | | | | | 82,038. |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: | | | | | |
| a MISCELLANEOUS | | | | | 6,395. |
| b SUBLET INCOME | | | | | 16,030. |
| c INCOME FROM SHARED | | | | | |
| d EMPLOYEE | | | | | 11,300. |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 11,084. | 712,411. |
| 105 Total (add line 104, columns (B), (D), and (E)) ▶ | | | | | 723,495. |

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

**Part VIII** **Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32.)

| 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** (See Specific Instructions on page 33.)

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

**Part X** **Information Regarding Transfers Associated with Personal Benefit Contracts** (See Specific Instructions on page 33.)

(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

[redacted]anying schedules and statements, and to the best of my knowledge and belief, it is true, [redacted]ation of which preparer has any knowledge.

[redacted] 10/02 ▶ REV. THOMAS J. PAPROCKI PRESIDENT

[redacted]

**SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Organization Exempt Under Section 501(c)(3)

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

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2001**

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

| (a) Name and address of each employee paid more than $50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over $50,000 ▶ | 0 | | | |

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

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

| (a) Name and address of each independent contractor paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over $50 000 for professional services ▶ | 0 | |

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

Schedule A (Form 990 or 990-EZ) 2001

123101
12 29-01



11221112 000279 22094 2001.07000 CHICAGO LEGAL CLINIC, INC 22094 1

## Part III Statements About Activities (See page 2 of the 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 ▶ $ ______ $ ______ **(Must equal amounts on line 38, Part VI-A, or line i 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 pages 3 through 6 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 )

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 6 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) 2000 | (b) 1999 | (c) 1998 | (d) 1997 | (e) Total |
|---|---|---|---|---|---|
| 15 Gifts grants, and contributions received (Do not include unusual grants See line 28.) | 547,947. | 593,760. | 571,487. | 363,713. | 2,076,907. |
| 16 Membership fees received | | | | | |
| 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 | 664,522. | 546,929. | 432,795. | 405,385. | 2,049,631. |
| 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 | 14,653. | 11,365. | 9,499. | 11,529. | 47,046. |
| 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* | 99,371. | 68,017. | SEE STATEMENT 14<br>67,443. | 71,646. | 306,477. |
| 23 Total of lines 15 through 22 | 1,326,493. | 1,220,071. | 1,081,224. | 852,273. | 4,480,061. |
| 24 Line 23 minus line 17 | 661,971. | 673,142. | 648,429. | 446,888. | 2,430,430. |
| 25 Enter 1% of line 23 | 13,265. | 12,201. | 10,812. | 8,523. | |

**26 Organizations described on lines 10 or 11** **a** Enter 2% of amount in column (e), line 24 ▶ 26a 48,609.

**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 907,388.

**c** Total support for section 509(a)(1) test Enter line 24 column (e) ▶ 26c 2,430,430.

**d** Add Amounts from column (e) for lines 18 47,046. 19 ______ 22 306,477. 26b 907,388. ▶ 26d 1,260,911.

**e** Public support (line 26c minus line 26d total) ▶ 26e 1,169,519.

**f** **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 48.1198%

**27 Organizations described on line 12** **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 N/A

(2000) (1999) (1998) (1997)

**b** For any amount included in line 17 that was received from each peson (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 N/A

(2000) (1999) (1998) (1997)

**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 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

NONE

**Part V** **Private School Questionnaire** (See page 7 of the instructions ) N/A

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

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) | | | |
| 32 | *Does the organization maintain the following* | | | |
| a | *Records indicating the racial composition of the student body, faculty, and administrative staff?* | 32a | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) | | | |
| 33 | Does the organization discriminate by race in any way with respect to | | | |
| a | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| c | Employment of faculty or administrative staff? | 33c | | |
| d | Scholarships or other financial assistance? | 33d | | |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | | |
| g | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) | | | |
| 34 a | *Does the organization receive any financial aid or assistance from a governmental agency?* | 34a | | |
| b | *Has the organization's right to such aid ever been revoked or suspended?* | 34b | | |
| | *If you answered "Yes" to either 34a or b, please explain using an attached statement* | | | |
| 35 | *Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation* | 35 | | |

**Schedule A (Form 990 or 990-EZ) 2001**

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**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions ) N/A

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

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 |
|---|---|---|---|
| | | 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 -* | 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 | | |

| **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 |

**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 11 of the instructions )

Lobbying Expenditures During 4-Year Averaging Period N/A

| Calendar year (or fiscal year beginning in) ▶ | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (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) (See page 12 of the instructions ) N/A

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of | Yes | No | Amount |
|---|---|---|---|
| a Volunteers | | | |
| b *Paid staff or management (Include compensation in expenses reported on lines c through h )* | | | |
| c Media advertisements | | | |
| d Mailings to members, legislators, or the public | | | |
| e Publications or published or broadcast statements | | | |
| f Grants to other organizations for lobbying purposes | | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | | |
| h Rallies, demonstrations, seminars, conventions speeches lectures, or any other means | | | |
| i *Total lobbying expenditures (Add lines c through h )* | | | 0. |

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

**Part VII** **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions )

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

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

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

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

52 a 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 N/A

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| | | |

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**Schedule B**
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

**Supplementary Information for**
**line 1 of Form 990, 990-EZ and 990-PF (see instructions)**

OMB No 1545-0047

**2001**

**Name of organization**

CHICAGO LEGAL CLINIC, INC

**Employer identification number**

36-3200465

**Organization type** (check one)

| **Filers of** | **Section** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)(03) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

*Check if your organization is covered by the* **General rule** *or a* **Special rule** **(Note** *Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions )*

**General Rule-**

[ ] For organizations filing Form 990, 990 EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor (Complete Parts I and II )

**Special Rules-**

[X] For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II )

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III )

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year ) ▶ $ ____________

**Caution** *Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they* **must** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)*

Name of organization: CHICAGO LEGAL CLINIC, INC

Employer identification number: 36-3200465

**Part I Contributors** (See Specific Instructions )

| (a) No | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution ) |
| 2 | | $ 40,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution ) |
| 3 | | $ 50,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution ) |
| 4 | | $ 20,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution ) |
| 5 | | $ 130,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution ) |
| 6 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution ) |

| Name of organization | Employer identification number |
|---|---|
| CHICAGO LEGAL CLINIC, INC | 36-3200465 |

**Part I Contributors** (See Specific Instructions.)

| (a) No | (b) Name, address and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 7 | | $ 25,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 8 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 9 | | $ 15,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 10 | | $ 38,875. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| 11 | | $ 20,000. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

# Book Asset Detail 7/01/01 - 6/30/02



FYE. 6/30/2002

| 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 | 1,833 33 | 611 11 | 2,444 44 | 1,222 23 | S/L | 3 0 |
| 100 | | 96 Ford Aspire | 12/14/01 | 1,500 00 | 0 00c | 0 00 | 0 00 | 291 67 | 291 67 | 1,208 33 | S/L | 3 0 |
| | | | **Automobiles** | 5,166 67 | 0 00c | 0 00 | 1,833 33 | 902 78 | 2,736 11 | 2,430 56 | | |
| | | | ***Less: Dispositions** | 3,666 67 | 0 00 | 0 00 | 1,833 33 | 0 00 | 2,444 44 | 1,222 23 | | |
| | | | **Net Automobiles** | 1,500 00 | 0 00c | 0 00 | 0 00 | 902 78 | 291 67 | 1,208 33 | | |
| **Group: Donated property** | | | | | | | | | | | | |
| 13 | | Office equip (see permanent file for | 12/31/96 | 900 00 | 0 00 | 0 00 | 810 00 | 90 00 | 900 00 | 0 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 |
| 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 Gheith | 6/30/95 | 150 00 | 0 00 | 0 00 | 150 00 | 0 00 | 150 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 | 3 0 |
| 25 | | Library (see permanent file for detai | 12/31/96 | 5,195 00 | 0 00 | 0 00 | 4,675 50 | 519 50 | 5,195 00 | 0 00 | S/L | 5 0 |
| 26 | | Computer equipment (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 | 3 0 |
| 27 | | Furniture (see permanent file for det | 12/31/96 | 4,550 00 | 0 00 | 0 00 | 4,095 00 | 455 00 | 4,550 00 | 0 00 | S/L | 5 0 |
| 38 | | Tables & chairs - Clifton Gunderson | 6/30/98 | 1,750 00 | 0 00 | 0 00 | 1,050 00 | 350 00 | 1,400 00 | 350 00 | S/L | 5 0 |
| 39 | | Desks & filing cabinets - Clifton Gu | 6/30/98 | 1,700 00 | 0 00 | 0 00 | 1,020 00 | 340 00 | 1,360 00 | 340 00 | S/L | 5 0 |
| 40 | | Desks & filing cabinets - Archdioce | 6/30/98 | 500 00 | 0 00 | 0 00 | 300 00 | 100 00 | 400 00 | 100 00 | S/L | 5 0 |
| 41 | | Computer equipment - Skadden | 6/30/98 | 1,200 00 | 0 00 | 0 00 | 720 00 | 240 00 | 960 00 | 240 00 | S/L | 5 0 |
| 43 | | United States Code - N Brent | 6/30/98 | 300 00 | 0 00 | 0 00 | 180 00 | 60 00 | 240 00 | 60 00 | S/L | 5 0 |
| 44 | | Marindale Hubbell Law - Loyola | 6/30/98 | 3,500 00 | 0 00 | 0 00 | 2,100 00 | 700 00 | 2,800 00 | 700 00 | S/L | 5 0 |
| 49 | | Filing cabinets - Beeler, Schad & Di | 6/30/99 | 1,200 00 | 0 00 | 0 00 | 480 00 | 240 00 | 720 00 | 480 00 | S/L | 5 0 |
| 50 | | US Code, Annotated - Karaganis & | 6/30/99 | 550 00 | 0 00 | 0 00 | 220 00 | 110 00 | 330 00 | 220 00 | S/L | 5 0 |
| 52 | | Office Furniture - South Chicago Ba | 6/30/99 | 1,000 00 | 0 00 | 0 00 | 400 00 | 200 00 | 600 00 | 400 00 | S/L | 5 0 |
| 54 | | Office furniture - J Fridkin | 6/30/99 | 900 00 | 0 00 | 0 00 | 360 00 | 180 00 | 540 00 | 360 00 | S/L | 5 0 |
| 55 | | Computer | 6/15/00 | 300 00 | 0 00 | 0 00 | 108 33 | 100 00 | 208 33 | 91 67 | S/L | 3 0 |
| 56 | | Conference table, chairs, cabinets | 6/15/00 | 1,800 00 | 0 00 | 0 00 | 390 00 | 360 00 | 750 00 | 1,050 00 | S/L | 5 0 |
| 57 | | Chairs (4) | 5/19/00 | 500 00 | 0 00 | 0 00 | 108 33 | 100 00 | 208 33 | 291 67 | S/L | 5 0 |
| 58 | | Conference tables (2) | 2/02/00 | 1,000 00 | 0 00 | 0 00 | 283 33 | 200 00 | 483 33 | 516 67 | S/L | 5 0 |
| 59 | | Copy Machine | 2/01/00 | 400 00 | 0 00 | 0 00 | 113 33 | 80 00 | 193 33 | 206 67 | S/L | 5 0 |
| 61 | | 486 computer, printer | 12/22/99 | 750 00 | 0 00 | 0 00 | 375 00 | 250 00 | 625 00 | 125 00 | S/L | 3 0 |
| 62 | | Office furniture | 11/15/99 | 300 00 | 0 00 | 0 00 | 100 00 | 60 00 | 160 00 | 140 00 | S/L | 5 0 |
| 63 | | Cabinets | 11/15/99 | 800 00 | 0 00 | 0 00 | 266 67 | 160 00 | 426 67 | 373 33 | S/L | 5 0 |
| 64 | | Pentium processor and monitor | 11/15/99 | 1,000 00 | 0 00 | 0 00 | 555 55 | 333 33 | 888 88 | 111 12 | S/L | 3 0 |
| 80 | | Canon Copier-Posner | 4/05/01 | 5,500 00 | 0 00 | 0 00 | 275 00 | 1,100 00 | 1,375 00 | 4,125 00 | S/L | 5 0 |
| 81 | | Office Furniture-Bobb & Assoc | 4/15/01 | 2,500 00 | 0 00 | 0 00 | 125 00 | 500 00 | 625 00 | 1,875 00 | S/L | 5 0 |
| 82 | | Computer Equipment-Jacobson | 1/16/01 | 600 00 | 0 00 | 0 00 | 50 00 | 120 00 | 170 00 | 430 00 | S/L | 5 0 |
| 83 | | (4) Secretarial Desks-Allgretti | 6/15/01 | 2,750 00 | 0 00 | 0 00 | 45 83 | 550 00 | 595 83 | 2,154 17 | S/L | 5 0 |
| 84 | | Credenza-Allegretti | 6/15/01 | 500 00 | 0 00 | 0 00 | 8 33 | 100 00 | 108 33 | 391 67 | S/L | 5 0 |
| 85 | | Antique Desk & Marble Credenza-A | 6/15/01 | 5,000 00 | 0 00 | 0 00 | 83 33 | 1,000 00 | 1,083 33 | 3,916 67 | S/L | 5 0 |
| 86 | | Executive Desk Chairs-Allgretti | 6/15/01 | 800 00 | 0 00 | 0 00 | 13 33 | 160 00 | 173 33 | 626 67 | S/L | 5 0 |
| 87 | | (5) Desk Chairs-Allgretti | 6/15/01 | 1,150 00 | 0 00 | 0 00 | 19 17 | 230 00 | 249 17 | 900 83 | S/L | 5 0 |
| 88 | | (2) Bookcases & Accessories-Allgre | 6/15/01 | 725 00 | 0 00 | 0 00 | 12 08 | 145 00 | 157 08 | 567 92 | S/L | 5 0 |
| 89 | | ILL Decision Books-Allgretti | 6/15/01 | 1,250 00 | 0 00 | 0 00 | 34 72 | 416 67 | 451 39 | 798 61 | S/L | 3 0 |
| 90 | | Drapes & Curtain Rods-Grossman | 11/02/00 | 300 00 | 0 00 | 0 00 | 40 00 | 60 00 | 100 00 | 200 00 | S/L | 5 0 |

# Book Asset Detail 7/01/01 - 6/30/02



FYE: 6/30/2002

| 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)** | | | | | | | | | | | | |
| 91 | | Corel WordPerfect 2000-Vizza | 2/20/01 | 300 00 | 0 00 | 0 00 | 33 33 | 100 00 | 133 33 | 166 67 | S/L | 3 0 |
| 92 | | Panasonic Typewriter-Freireich | 4/02/01 | 150 00 | 0 00 | 0 00 | 7 50 | 30 00 | 37 50 | 112 50 | S/L | 5 0 |
| 93 | | Computer scanner-Imparl | 1/21/01 | 75 00 | 0 00 | 0 00 | 6 25 | 15 00 | 21 25 | 53 75 | S/L | 5 0 |
| 94 | | Typewriter-Simeone | 8/11/00 | 25 00 | 0 00 | 0 00 | 4 58 | 5 00 | 9 58 | 15 42 | S/L | 5 0 |
| 97 | | Computer equipment - AAA Club | 6/30/02 | 1,800 00 | 0 00c | 0 00 | 0 00 | 0 00 | 0 00 | 1,800 00 | S/L | 3 0 |
| 98 | | Sharp SF-7800 copier - Longwell & | 9/19/01 | 500 00 | 0 00c | 0 00 | 0 00 | 75 00 | 75 00 | 425 00 | S/L | 5 0 |
| 99 | | Phone system - CBE | 12/31/01 | 2,380 00 | 0 00c | 0 00 | 0 00 | 238 00 | 238 00 | 2,142 00 | S/L | 5 0 |
| | | **Donated property** | | 66,558 25 | 0 00c | 0 00 | 29,627 74 | 10,072 50 | 39,700 24 | 26,858 01 | | |
| **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 | 3 0 |
| 9 | | Air conditioner - Ted Stacey | 7/26/95 | 200 00 | 0 00 | 0 00 | 200 00 | 0 00 | 200 00 | 0 00 | S/L | 5 0 |
| 10 | | Copier - N E Brands | 9/09/97 | 7,413 00 | 0 00 | 0 00 | 5,683 30 | 1,482 60 | 7,165 90 | 247 10 | S/L | 5 0 |
| 11 | | Copier - N E Brand | 2/22/96 | 6,550 00 | 0 00 | 0 00 | 6,550 00 | 0 00 | 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 | 3 0 |
| 31 | | Computer equipment - Insight | 11/06/97 | 35,926 97 | 0 00 | 0 00 | 25,578 97 | 7,185 39 | 32,764 36 | 3,162 61 | S/L | 5 0 |
| 32 | | NT servers - Dell | 11/19/97 | 7,908 00 | 0 00 | 0 00 | 5,667 40 | 1,581 60 | 7,249 00 | 659 00 | S/L | 5 0 |
| 33 | | Computer equipment - Insight | 12/12/97 | 318 60 | 0 00 | 0 00 | 228 33 | 63 72 | 292 05 | 26 55 | S/L | 5 0 |
| 34 | | Telephone equipment | 12/15/97 | 212 00 | 0 00 | 0 00 | 151 93 | 42 40 | 194 33 | 17 67 | S/L | 5 0 |
| 35 | | Computer equipment - Insight | 1/29/98 | 782 82 | 0 00 | 0 00 | 534 92 | 156 56 | 691 48 | 91 34 | S/L | 5 0 |
| 36 | | Copier - Image Solutions | 3/31/98 | 5 00 | 0 00 | 0 00 | 3 25 | 1 75 | 5 00 | 0 00 | S/L | 5 0 |
| 45 | | 3 HP Printers - Insight | 7/23/98 | 3,191 88 | 0 00 | 0 00 | 1,861 94 | 638 38 | 2,500 32 | 691 56 | S/L | 5 0 |
| 47 | | Immigration & SS Software - West | 9/28/98 | 2,308 50 | 0 00 | 0 00 | 1,269 68 | 461 70 | 1,731 38 | 577 12 | S/L | 5 0 |
| 67 | | Computer Monitor | 8/04/99 | 247 53 | 0 00 | 0 00 | 158 14 | 82 51 | 240 65 | 6 88 | S/L | 3 0 |
| 68 | | Phone System | 10/01/99 | 1,120 31 | 0 00 | 0 00 | 392 11 | 224 06 | 616 17 | 504 14 | S/L | 5 0 |
| 69 | | Telephone | 10/04/99 | 245 00 | 0 00 | 0 00 | 85 75 | 49 00 | 134 75 | 110 25 | S/L | 5 0 |
| 70 | | Fax Machine | 10/19/99 | 229 96 | 0 00 | 0 00 | 76 65 | 45 99 | 122 64 | 107 32 | S/L | 5 0 |
| 71 | | Refridgerator | 10/19/99 | 139 92 | 0 00 | 0 00 | 46 64 | 27 98 | 74 62 | 65 30 | S/L | 5 0 |
| 72 | | microwave | 10/19/99 | 79 99 | 0 00 | 0 00 | 26 67 | 16 00 | 42 67 | 37 32 | S/L | 5 0 |
| 73 | | printer | 1/12/00 | 699 00 | 0 00 | 0 00 | 209 70 | 139 80 | 349 50 | 349 50 | S/L | 5 0 |
| 74 | | (3) Sprint 6-BTN Phones | 8/17/00 | 571 56 | 0 00 | 0 00 | 95 26 | 114 31 | 209 57 | 361 99 | S/L | 5 0 |
| 75 | | (5) Monitors | 5/15/01 | 699 95 | 0 00 | 0 00 | 38 89 | 233 32 | 272 21 | 427 74 | S/L | 3 0 |
| 76 | | (2) Hard Drives | 5/15/01 | 219 98 | 0 00 | 0 00 | 7 33 | 44 00 | 51 33 | 168 65 | S/L | 5 0 |
| 77 | | (4) Monitors w/ cables | 5/30/01 | 659 89 | 0 00 | 0 00 | 18 33 | 219 96 | 238 29 | 421 60 | S/L | 3 0 |
| 78 | | HP Laserjet printer | 3/22/01 | 2,131 95 | 0 00 | 0 00 | 106 60 | 426 39 | 532 99 | 1,598 96 | S/L | 5 0 |
| 79 | | Hard Drive for Paul Imparl | 2/08/01 | 681 94 | 0 00 | 0 00 | 56 83 | 136 39 | 193 22 | 488 72 | S/L | 5 0 |
| 95 | | Desk Chair-Avila | 9/29/00 | 69 99 | 0 00 | 0 00 | 10 50 | 14 00 | 24 50 | 45 49 | S/L | 5 0 |
| 96 | | Fax machine-Vondracek | 12/05/00 | 249 99 | 0 00 | 0 00 | 29 17 | 50 00 | 79 17 | 170 82 | S/L | 5 0 |
| 101 | | Printer | 7/25/01 | 399 95 | 0 00c | 0 00 | 0 00 | 122 21 | 122 21 | 277 74 | S/L | 3 0 |
| 102 | | Printer | 7/31/01 | 399 95 | 0 00c | 0 00 | 0 00 | 122 21 | 122 21 | 277 74 | S/L | 3 0 |

# Book Asset Detail 7/01/01 - 6/30/02

FYE: 6/30/2002

| 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)** | | | | | | | | | | | | |
| 103 | | Toshiba laptop | 8/03/01 | 1,949 90 | 0 00c | 0 00 | 0 00 | 595 80 | 595 80 | 1,354 10 | S/L | 3 0 |
| 104 | | Misc computer parts to rebuild old c | 5/16/02 | 801 86 | 0 00c | 0 00 | 0 00 | 22 27 | 22 27 | 779 59 | S/L | 3 0 |
| 105 | | Computer | 6/12/02 | 563 66 | 0 00c | 0 00 | 0 00 | 15 66 | 15 66 | 548 00 | S/L | 3 0 |
| | | | **Equipment** | 135,565 54 | 0 00c | 0 00 | 107,674 78 | 14,315 96 | 121,990 74 | 13,574 80 | | |
| **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** | 210,641 65 | 0 00c | 0 00 | 142,487 04 | 25,291 24 | 167,778 28 | 42,863 37 | | |
| | | | ***Less:* Dispositions** | 3,666 67 | 0 00 | 0 00 | 1,833 33 | 0 00 | 2,444 44 | 1,222 23 | | |
| | | | **Net Grand Total** | 206,974 98 | 0 00c | 0 00 | 140,653 71 | 25,291 24 | 165,333 84 | 41,641 14 | | |
| | | Software not yet placed in service | | 6,000 | 0 | 0 | 0 | 0 | 0 | 47,641.14 | | |
| | | | | 212,974 98 | | | | | | | | |

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

| DESCRIPTION | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED |
|---|---|---|---|
| DISPOSAL OF AUTOMOBILE | 06/26/00 | 03/15/02 | DONATED |

| NAME OF BUYER | GROSS SALES PRICE | COST OR OTHER BASIS | EXPENSE OF SALE | DEPREC | NET GAIN OR (LOSS) |
|---|---|---|---|---|---|
| | 0. | 3,667. | 0. | 2,445. | -1,222. |
| TO FM 990, PART I, LN 8 | | 3,667. | 0. | 2,445. | -1,222. |

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

| DESCRIPTION OF EVENT | GROSS RECEIPTS | CONTRIBUT. INCLUDED | GROSS REVENUE | DIRECT EXPENSES | NET INCOME |
|---|---|---|---|---|---|
| 2001 BANQUET | 110,881. | | 110,881. | 30,973. | 79,908. |
| PARKING | 2,130. | | 2,130. | | 2,130. |
| TO FM 990, PART I, LINE 9 | 113,011. | | 113,011. | 30,973. | 82,038. |

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

| DESCRIPTION | AMOUNT |
|---|---|
| UNREALIZED LOSS ON INVESTMENTS | -5,613. |
| TOTAL TO FORM 990, PART I, LINE 20 | -5,613. |

## FORM 990 — OTHER EXPENSES — STATEMENT 4

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|---|---|---|---|---|
| INSURANCE | 9,785. | 6,961. | 2,691. | 133. |
| DUES | 2,203. | 2,203. | | |
| ADVERTISING | 75. | | 75. | |
| OTHER | 6,048. | 2,994. | 2,372. | 682. |
| CONSULTING | 2,474. | 2,251. | 99. | 124. |
| PROGRAM GRANTS | 35,500. | 35,500. | | |
| TOTAL TO FM 990, LN 43 | 56,085. | 49,909. | 5,237. | 939. |

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

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

| DESCRIPTION | GRANTS AND ALLOCATIONS | EXPENSES |
|---|---|---|
| EDUCATIONAL SEMINARS | | 15,058. |
| PRO BONO LEGAL SERVICES | | 69,697. |
| TOTAL TO FORM 990, PART III, LINE E | | 84,755. |

## FORM 990 — OTHER INVESTMENTS — STATEMENT 7

| DESCRIPTION | VALUATION METHOD | AMOUNT |
|---|---|---|
| U.S. TREASURY STRIPS | MARKET VALUE | 87,537. |
| MUTUAL FUNDS | MARKET VALUE | 60,497. |
| CERTIFICATE OF DEPOSIT | MARKET VALUE | 34,420. |
| TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B | | 182,454. |

| FORM 990 | OTHER ASSETS | STATEMENT 8 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| RESTRICTED CASH, CLIENT DEPOSITS | 584,760. |
| UNCONDITIONAL PROMISES TO GIVE, UNRESTRICTED | 60,678. |
| CLIENT FEES RECEIVABLE | 17,400. |
| OTHER RECEIVABLES | 37,486. |
| TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B | 700,324. |

| FORM 990 | OTHER LIABILITIES | STATEMENT 9 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| CLIENTS DEPOSITS | 584,760. |
| OTHER LIABILITIES | -4,106. |
| TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B | 580,654. |

| FORM 990 | OTHER REVENUE NOT INCLUDED ON FORM 990 | STATEMENT 10 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| DIRECT EXPENSES RELATED TO SPECIAL EVENT ON LINE 9B | 30,973. |
| TOTAL TO FORM 990, PART IV-A | 30,973. |

| FORM 990 | OTHER EXPENSES NOT INCLUDED ON FORM 990 | STATEMENT 11 |
|---|---|---|

| DESCRIPTION | AMOUNT |
|---|---|
| DIRECT EXPENSES RELATED TO SPECIAL EVENTS ON LINE 9B | 30,973. |
| TOTAL TO FORM 990, PART IV-B | 30,973. |

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<br>5843 W. STRONG ST.<br>CHICAGO, IL 60630 | PRESIDENT<br>10HR/MO | 0. | 0. | 0. |
| PATRICIA C. BOBB<br>833 W. JACKSON BLVD, SUITE 200<br>CHICAGO, IL 60607 | VICE-PRESIDENT<br>2HR/MO | 0. | 0. | 0. |
| REV. MARK BRUMMEL, C.M.F.<br>205 W. MONROE ST.<br>CHICAGO, IL 60606 | DIRECTOR<br>1HR/MO | 0. | 0. | 0. |
| PAUL BENETURSKI<br>6720 W. 111TH ST<br>WORTH, IL 60482 | TREASURER<br>2HR/MO | 0. | 0. | 0. |
| CHARLES J. O'LAUGHLIN<br>ONE IBM PLAZA<br>CHICAGO, IL 60611 | PRES. EMERITUS<br>1HR/MO | 0. | 0. | 0. |
| JACQUELINE DIXON<br>50 S. LASALLE ST. B7<br>CHICAGO, IL 60675 | DIRECTOR<br>1HR/MO | 0. | 0. | 0. |
| MARK CHUDZINSKI<br>319 N. WISNER STREET<br>PARK RIDGE, IL 60068 | DIRECTOR<br>1HR/MO | 0. | 0. | 0. |
| CARRIE K. HUFF<br>190 S. LASALLE ST.<br>CHICAGO, IL 60603 | DIRECTOR<br>3HR/MO | 0. | 0. | 0. |
| DANIEL J. MCNAMARA<br>30 N. LASALLE, SUITE 2730<br>CHICAGO, IL 60602 | DIRECTOR<br>1HR/MO | 0. | 0. | 0. |
| MARK F. VIZZA<br>175 W. JACKSON BLVD, SUITE 1600<br>CHICAGO, IL 60604 | DIRECTOR<br>1HR/MO | 0. | 0. | 0. |
| PENELOPE WOODS<br>ONE N. WACKER<br>CHICAGO, IL 60606 | SECRETARY<br>2HR/MO | 0. | 0. | 0. |

| | | | | |
|---|---|---|---|---|
| ANTHONY J. ZIAK<br>3658 E. 106TH ST.<br>CHICAGO, IL 60617 | DIRECTOR<br>1HR/MO | 0. | 0. | 0. |
| JESSE RUIZ<br>QUAKER TOWER, 321 N. CLARK ST.<br>CHICAGO, IL 60610 | DIRECTOR<br>1HR/MO | 0. | 0. | 0. |
| EDWARD GROSSMAN<br>7422 CHOCTAW<br>PALOS HTS, IL 60463 | EXEC DIRECTOR<br>200 HR/MO | 55,000. | 0. | 0. |
| CASE HOOGENDOORN<br>122 S. MICHIGAN, SUITE 1220<br>CHICAGO, IL 60693 | DIRECTOR<br>1HR/MO | 0. | 0. | 0. |
| KATHY POSNER<br>921 W. VAN BUREN<br>CHICAGO, IL 60607 | DIRECTOR<br>2HR/MO | 0. | 0. | 0. |
| JAMES D. JACOBSON<br>55 W. MONROE ST, SUITE 3550<br>CHICAGO, IL 60603 | DIRECTOR<br>2HR/MO | 0. | 0. | 0. |
| ROBYN ROSS<br>111 W. MONROE ST.<br>CHICAGO, IL 60603 | DIRECTOR<br>4HR/MO | 0. | 0. | 0. |
| WALTER SKOWRONSKI<br>100 N. RIVERSIDE MC 5003-3636<br>CHICAGO, IL 60606 | DIRECTOR<br>2HR/MO | 0. | 0. | 0. |
| ROBERT SLAUGHTER<br>ONE IBM PLAZA, 333 N. WABASH AVE.,<br>44TH FL<br>CHICAGO, IL 60611 | DIRECTOR<br>1HR/MO | 0. | 0. | 0. |
| DAVID WISE<br>161 N. CLARK STREET, SUITE 2240<br>CHICAGO, IL 60601 | DIRECTOR<br>1HR/MO | 0. | 0. | 0. |
| LOIS BOUDREAU<br>1760 W. ALGONQUIN ROAD<br>PALATINE, IL 60067-4799 | DIRECTOR<br>2HR/MO | 0. | 0. | 0. |
| FRANK M. CLARK<br>P O BOX 805398<br>CHICAGO, IL 60680-4398 | DIRECTOR<br>1HR/MO | 0. | 0. | 0. |
| MARTA C. BUKATA<br>1041 ROYAL DUBLIN<br>DYER, IN 46311 | DEPUTY DIRECT<br>200 HR/MO | 54,000. | 0. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V | | 109,000. | 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 | 2000 AMOUNT | 1999 AMOUNT | 1998 AMOUNT | 1997 AMOUNT |
|---|---|---|---|---|
| SPECIAL EVENTS AND OTHER | 99,371. | 68,017. | 67,443. | 71,646. |
| TOTAL TO SCHEDULE A, LINE 22 | 99,371. | 68,017. | 67,443. | 71,646. |

Form **8868** (December 2000)
Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

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

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

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

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

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

| Type or print<br>File by the due date for filing your return See instructions. | Name of Exempt Organization<br>CHICAGO LEGAL CLINIC, INC | Employer identification number<br>36-3200465 |
|---|---|---|
| | Number, street, and room or suite no If a P O box, see instructions<br>2938 EAST 91ST STREET | |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions<br>CHICAGO, IL 60617 | |

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

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

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

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until FEBRUARY 18, 2003 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year ______ or

▶ [X] tax year beginning JUL 1, 2001 , and ending JUN 30, 2002

**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 ▶ 11/12/02

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

123831
07 16-01