

Form **990**

OMB No 1545-0047

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

2003

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning _____, and ending _____	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LEGAL AID OF NORTH CAROLINA, INC. Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 26087 City or town, state or country, and ZIP + 4 RALEIGH NC 27611-6087
	D Employer ID number 31-1784161
	E Telephone number 919-856-2131
	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).

G Website: **N/A**

J Organization type (check only one) 501(c) (3) < (insert no) 4947(a)(1) or 527

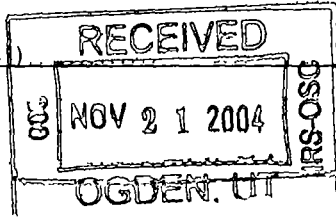
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **15,342,403**

H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **3**
H(c) Are all affiliates included? Yes No
 (If "No," att a list. See instr.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received:			
a	Direct public support	1a	552,420	
b	Indirect public support	1b		
c	Government contributions (grants)	1c	14,079,117	
d	Total (add lines 1a through 1c) (cash \$ <u>14,631,537</u> noncash \$ _____)	1d		14,631,537
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		240,367
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		99,539
5	Dividends and interest from securities	5		
6a	Gross rents	6a	32,300	
b	Less rental expenses SEE STMT 1	6b	23,013	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		9,287
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				
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		338,660
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		15,319,390
13	Program services (from line 44, column (B))	13		14,043,294
14	Management and general (from line 44, column (C))	14		1,397,228
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17		15,440,522
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		-121,132
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,742,351
20	Other changes in net assets or fund balances (attach explanation) SEE STMT 2	20		197,900
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,819,119



SCANNED DEC 10 2004

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of the instructions)

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 \$ _____ non-cash \$ _____)	22				
23	Specific assistance to individuals	23				
24	Benefits paid to or for members	24				
25	Compensation of officers, directors, etc	25	315,456	288,358	27,098	
26	Other salaries and wages	26	8,309,262	7,595,506	713,756	
27	Pension plan contributions	27	506,115	466,790	39,325	
28	Other employee benefits	28	1,877,194	1,731,349	145,845	
29	Payroll taxes	29	646,030	595,833	50,197	
30	Professional fundraising fees	30				
31	Accounting fees	31	63,153		63,153	
32	Legal fees	32				
33	Supplies	33	251,460	227,342	24,118	
34	Telephone	34	362,666	356,580	6,086	
35	Postage and shipping	35				
36	Occupancy	36	835,358	775,794	59,564	
37	Equipment rental and maintenance	37	187,534	177,240	10,294	
38	Printing and publications	38				
39	Travel	39	194,668	174,812	19,856	
40	Conferences, conventions, and meetings	40				
41	Interest	41	34,891	34,891		
42	Depreciation, depletion, etc (attach schedule)	42	267,309	160,631	106,678	
43	Other expenses not covered above (itemize) a	43a				
	b SEE STATEMENT 3	43b	1,589,426	1,458,168	131,258	
	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	15,440,522	14,043,294	1,397,228	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 (See page 25 of the instructions)

What is the organization's primary exempt purpose?

LEGAL SERVICES

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) & (4) orgs. , & 4947(a)(1) trusts, but optional for others)

a	LEGAL AID OF NORTH CAROLINA MAINTAINS A STATEWIDE ORGANIZATION TO PROVIDE LEGAL SERVICES TO INDIGENT PEOPLE IN NORTH CAROLINA. (Grants and allocations \$ _____)	14,043,294
b	 (Grants and allocations \$ _____)	
c	 (Grants and allocations \$ _____)	
d	 (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	14,043,294

Part IV Balance Sheets (See page 25 of the instructions.)

Note:		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
45	Cash-non-interest-bearing	1,412,381	45	1,701,854	
46	Savings and temporary cash investments		46		
47a	Accounts receivable				
b	Less: allowance for doubtful accounts		47c		
48a	Pledges receivable				
b	Less: allowance for doubtful accounts		48c		
49	Grants receivable	764,016	49	625,674	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
51a	Other notes and loans receivable (attach schedule)				
b	Less: allowance for doubtful accounts		51c		
52	Inventories for sale or use		52		
53	Prepaid expenses and deferred charges	19,271	53	33,035	
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55a	Investments-land, buildings, and equipment basis				
b	Less: accumulated depreciation (attach schedule)		55c		
56	Investments-other (attach schedule)		56		
57a	Land, buildings, and equipment basis	4,320,750			
b	Less: accumulated depreciation (attach schedule) SEE STMT 4		57c		
58	Other assets (describe SEE STMT 5)	2,132,727	58	242,946	
59	Total assets (add lines 45 through 58) (must equal line 74)	4,135,233	59	4,791,532	
60	Accounts payable and accrued expenses	199,017	60	365,734	
61	Grants payable		61		
62	Deferred revenue		62		
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) SEE WORKSHEET	660,705	64b	569,388	
65	Other liabilities (describe SEE STMT 6)	533,160	65	1,037,291	
66	Total liabilities (add lines 60 through 65)	1,392,882	66	1,972,413	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted	703,398	67	1,004,991	
68	Temporarily restricted	2,038,953	68	1,814,128	
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, column (B) must equal line 21)	2,742,351	73	2,819,119	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	4,135,233	74	4,791,532	

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements ▶	a 17,400,597	a Total expenses and losses per audited financial statements ▶	a 17,521,729	
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 \$ 2,058,194		
(2) Donated services and use of facilities \$ 2,058,194		(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 2,058,194	Add amounts on lines (1) through (4) ▶	b 2,058,194	
c Line a minus line b ▶	c 15,342,403	c Line a minus line b ▶	c 15,463,535	
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) SEE STMT 7		(2) Other (specify) SEE STMT 8		
\$ -23,013		\$ -23,013		
Add amounts on lines (1) and (2) ▶	d -23,013	Add amounts on lines (1) and (2) ▶	d -23,013	
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 15,319,390	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 15,440,522	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
GEORGE HAUSEN JR.	PRESIDENT	89,264	6,599	0
CHRIS MARKS	FINANCE	82,880	1,000	0
CELIA PISTOLIS	ADVOCACY	70,435	7,399	0
THEODORE FILLETTE	ASST DIRECTO	72,877	6,049	0
SEE ATTACHED BOARD LIST		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ Yes No
 If "Yes," attach schedule-see page 28 of the instructions

Part VI Other Information (See page 28 of the 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?	X	
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
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	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?	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	
83a	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?	N/A	83b
84a	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? 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	85b
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g
h	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	85h
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
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
89a	501(c)(3) organizations Enter. Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0, section 4912 <input type="checkbox"/> 0; section 4955 <input type="checkbox"/> 0		
b	501(c)(3) and 501(c)(4) orgs 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
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NONE		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	
91	The books are in care of <input type="checkbox"/> CHRISTOPHER MARKS Located at <input type="checkbox"/> RALEIGH, NC		
	Telephone no <input type="checkbox"/> 919-856-2131 ZIP + 4 <input type="checkbox"/> 27611		
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	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a ATTORNEY FEES AWARDED					3,020
b RENTAL INCOME			16	237,347	
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	99,539	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	9,287			
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b OTHER REVENUE			1	255,100	
c GAIN ON PROPERTY SALE			1	83,560	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		9,287		675,546	3,020
105 Total (add line 104, columns (B), (D), and (E))					687,853

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 page 34 of the 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)
93A	ATTORNEY FEES AWARDED

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the 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 page 34 of the 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)

Please 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.

[Signature]
 Date 11/15/04
 President

SCHEDULE A
(Form 990 or 990-EZ)

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.)

OMB No 1545-0047

2003

Department of the Treasury
Internal Revenue Service

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

Name of the organization	Employer identification number
LEGAL AID OF NORTH CAROLINA, INC.	31-1784161

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 ben plans & deferred compensation	(e) Expense account and other allowances
RICHARD KLEIN	ATTORNEY	82,382	4,177	0
RONALD HALPERN	ATTORNEY	79,739	8,160	0
VICTOR BOONE	ATTORNEY	78,984	4,279	0
JAMES WALL	ATTORNEY	77,239	9,319	0
REYNAULD WILLIAMS	ATTORNEY	72,058	5,839	0
Total number of other employees paid over \$50,000 ▶	23			

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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2003

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) 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.		X
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)? SEE PART V, FORM 990	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
3b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	6,181,357				6,181,357
16 Membership fees received					0
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	202,740				202,740
18 Gross income from interest, dividends, amounts received from payment 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	54,913				54,913
19 Net income from unrelated business activities not included in line 18	2,980				2,980
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	61,533				61,533
23 Total of lines 15 through 22	6,503,523				6,503,523
24 Line 23 minus line 17	6,300,783				6,300,783
25 Enter 1% of line 23	65,035				
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 126,016
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 56,706
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 6,300,783
d Add: Amounts from column (e) for lines:	18 54,913	19 2,980			
	22 61,533	26b 56,706			
e Public support (line 26c minus line 26d total)					26d 176,132
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26e 6,124,651
					26f 97.2046%
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.	(2002)	(2001)	(2000)	(1999)	N/A
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	(2002)	(2001)	(2000)	(1999)	N/A
c Add: Amounts from column (e) for lines:	15	16			
	17	20	21		
d Add: Line 27a total and line 27b total					27c
e Public support (line 27c total minus line 27d total)					27d
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27e
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g %
					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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 page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)	31		
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? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	32d		
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
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		

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2003
For calendar year 2003, or tax year beginning _____, and ending _____		

Name LEGAL AID OF NORTH CAROLINA, INC.	Employer Identification Number 31-1784161
--	---

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) FIRST CITIZENS BANK	
(2) JERRY EARLY	
(3) FIRST CITIZENS BANK	
(4) FIRST CITIZENS BANK	
(5) MAZDA CREDIT CORP	
(6) BB&T	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)		6/01/03		7.875
(2)		11/01/08		7.750
(3)		3/01/03		7.875
(4)		3/01/03		7.875
(5)		2/01/05	220 PER MONTH	
(6)	640,122	4/28/03	4/30/13	4.250
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) MORGANTON OFFICE BUILDING	
(2) SYLVA, NC BUILDING	
(3) RALEIGH, NC BUILDING	
(4) AHOSKIE, NC BUILDING	
(5) VEHICLE	
(6) RALEIGH OFFICE BUILDING	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	115,555	
(2)	85,232	
(3)	342,890	
(4)	111,528	
(5)	5,500	2,640
(6)		566,748
(7)		
(8)		
(9)		
(10)		
Totals	660,705	569,388

31-1784161

Federal Statements

FYE: 12/31/2003

Statement 1 - Form 990, Part I, Line 6b - Rental Expenses

<u>Description</u>	<u>Deduction</u>
CATAWBA VALLEY	
INTEREST	1,254
CLEANING & MAINTENANCE	432
REPAIRS	108
UTILITIES	1,390
DEPRECIATION	1,337
PERSONNEL ALLOCATION	4,725
WESTERN NC	
INTEREST	3,648
CLEANING & MAINTENANCE	1,280
REPAIRS	276
UTILITIES	3,206
DEPRECIATION	2,007
PERSONNEL ALLOCATION	3,350
TOTAL	<u>23,013</u>

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
TRANSFERS OF NET ASSETS	\$ 197,900
TOTAL	<u>\$ 197,900</u>

Federal Statements**Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
RECRUITMENT	10,951	9,101	1,850	
STAFF TRAINING	164,749	125,864	38,885	
LIBRARY MAINTENANCE	146,513	138,962	7,551	
INSURANCE	103,007	97,899	5,108	
DUES & FEES	81,313	75,349	5,964	
LITIGATION	46,664	46,414	250	
CONTRACT SERVICES	756,363	704,061	52,302	
LOSS ON EQUIPMENT DISPOSAL	12,553	9,700	2,853	
OTHER EXPENSE	286,982	250,818	36,164	
RENTAL EXPENSE ALLOCATION	-19,669		-19,669	
TOTAL	<u>\$ 1,589,426</u>	<u>\$ 1,458,168</u>	<u>\$ 131,258</u>	<u>\$ 0</u>

31-1784161

Federal Statements

FYE: 12/31/2003

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
PROPERTY AND EQUIPMENT	\$ 3,935,634	\$ 2,058,495	\$ 4,320,750	\$ 2,132,727
TOTAL	<u>\$ 3,935,634</u>	<u>\$ 2,058,495</u>	<u>\$ 4,320,750</u>	<u>\$ 2,132,727</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CLIENT ESCROW FUNDS	\$ 26,002	\$ 46,523
OTHER RECEIVABLES	33,613	25,659
DEPOSITS	2,811	6,464
PREPAID EXPENSES		164,300
TOTAL	<u>\$ 62,426</u>	<u>\$ 242,946</u>

Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CLIENT DEPOSITS	\$ 26,002	\$ 46,523
ACCRUED PAI PAYABLE	25,567	28,088
ACCRUED VACATION	449,038	414,413
OTHER LIABILITIES	32,553	548,267
TOTAL	<u>\$ 533,160</u>	<u>\$ 1,037,291</u>

31-1784161

Federal Statements

FYE: 12/31/2003

Statement 7 - Form 990, Part IV-A - Other Revenue Included on Return

<u>Description</u>	<u>Amount</u>
RENTAL EXPENSES	\$ -23,013
TOTAL	\$ <u>-23,013</u>

Statement 8 - Form 990, Part IV-B - Other Expenses Included on Return

<u>Description</u>	<u>Amount</u>
RENTAL EXPENSES	\$ -23,013
TOTAL	\$ <u>-23,013</u>

Federal Statements

Schedule A, Part IV-A, Line 26b - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
OTHER CONTRIBUTIONS	\$ <u>182,722</u>	\$ <u>56,706</u>
TOTAL	\$ <u><u>182,722</u></u>	\$ <u><u>56,706</u></u>

Legal Aid of North Carolina, Inc. – Board of Directors

Revised: March 30, 2004

Name and Address	Phone/Fax/Email	Membership Type	Term of Service	Region/Affiliation
Reid C. "Cal" Adams Esq. Womble Carlyle Sandridge & Rice, PLLC One West 4 th Street Winston-Salem NC 27101	Work: 336-721-3600 Fax: 336-721-3660 Email: cadams@wcsr.com	Attorney Representative	Three year term Term Ends – June 2006	NC Association of Defense Attorneys
Leo L. Allison Client Representative 4125 Marvin Lane Effland, NC 27243	Home: 919-563-9110 Fax: 919-563-9110 (call before faxing) Email: lele2@mebtel.net	Client Representative	Two-year term Term Ends – June 2004	Triangle Region
Glenn A. Barfield Esq. Barnes Braswell & Haithcock, PA 213 E. Walnut Street P O Drawer 7 Goldsboro NC 27533-0007	Work: 919-735-6420 Fax: 919-734-6296 Email: barfield@bbandh-pa.com	Attorney Representative	Three year term Term Ends – June 2006	NC Bar Association
Susan Cole Client Representative 1823 Willora Street Greensboro 27406	Home: 336-340-6929	Client Representative	Three year term Term Ends – June 2006	Triad Region
Leto Copeley Esq. Patterson Harkavy & Lawrence, LLP 200 West Morgan Street P.O. Box 27927 Raleigh NC 27611	Work: 919-755-1812 Fax: 919-755-0124 Email: lcopeley@pathlaw.com	Attorney Representative	Two year term Term Ends – June 2004	NC Association of Women Attorneys
Burton Craige Esq. Patterson Harkavy & Lawrence, LLP 200 West Morgan Street P.O. Box 27927 Raleigh NC 27611	Work: 919-755-1812 Fax: 919-755-0124 Email: bcraige@pathlaw.com	Attorney Representative	Three year term Term Ends – June 2005	NC Academy of Trial Lawyers
David D. Daggett Esq. Lewis & Daggett 285 Executive Park Blvd Winston-Salem NC 27103	Work: 336-765-7777 Fax: 336-659-1750 Email: triwakefan@aol.com	Attorney Representative	Three year term Term Ends – June 2006	21 st Judicial District A

Name and Address	Phone/Fax/Email	Membership Type	Term of Service	Region/Affiliation
Sarah Davis Client Representative P.O. Box 741 Apex NC 27502	Home: 919-362-7902	Client Representative	Three year term Term Ends – June 2006	Statewide
Willie Dawson Esq. Attorney at Law 102 Drummond Place New Bern NC 28561	Home: 252-636-0817 Fax: 252-635-1771 Email: wdawson@connect.net	Attorney Representative	Two year term Term Ends – June 2004	NC Bar Association
Richard E. Fay Esq. Hamilton Gaskins Fay & Moon, PLLC 2020 Charlotte Plaza 201 South College St. Charlotte NC 28244-2020	Work: 704-227-1044 Fax: 704-344-1483 Email: rfay@hgflaw.com	Attorney Representative	Three year term Term Ends – June 2005	26th Judicial District C
Mary Flowers Client Representative 216 Seashore Court High Point, NC 27260	Home: 336-882-9038 Fax: 336-887-4021 Email: mflowers216@msn.com	Client Representative	Two year term Term Ends – June 2004	Statewide (Ex-Officio)
L. Lynnette Fuller-Andrews, Esq. Sara Lee Corporation 1000 E. Hanes Mill Road Winston-Salem, NC 27105	Work: 336-519-7244 Fax: 336-519-7441 Email: fuller-andrews@saralee.com	Attorney Representative	Three year term Term Ends – June 2006	NC Association of Black Lawyers
Hada V. Haulsee, Esq. Womble Carlyle Sandridge & Rice, PLLC One West 4 th Street Winston-Salem, NC 27101	Work: 336-721-3600 Fax: 336-733-8349 Email: hhaulsee@wcsr.com	Attorney Representative	Two year term Term Ends – June 2004	NCBA Hispanic & Latino Lawyers Committee
Allen Johnson Client Representative P.O. Box 2167 Oxford NC 27565	Home: 919-603-5992 Email: AllenJohnson603@yahoo.com	Client Representative	Three year term Term Ends – June 2005	Statewide (Ex-Officio)

Name and Address	Phone/Fax/Email	Membership Type	Term of Service	Region/Affiliation
<p>Scott B. Lewis Esq. 202-D North Main Street P.O. Box 233 Lexington NC 27293-0233</p>	<p>Work: 336-224-1628 Fax: 336-243-7800 Email: scottlylew@aol.com</p>	<p>Attorney Representative</p>	<p>Three year term Term Ends – June 2005</p>	<p>NC GALA</p>
<p>James B. Maxwell Esq. Maxwell Freeman & Bowman, P.A. 2741 University Drive P.O. Box 52396 Durham NC 27717-2396</p>	<p>Work: 919-493-6464 Fax: 919-493-1218 Email: jmaxwell@mfbp.com</p>	<p>Attorney Representative</p>	<p>Two year term Term Ends – June 2004</p>	<p>14th Judicial District B</p>
<p>Pender R. McElroy Esq. James McElroy & Diehl 600 South College Street, Suite 300 Charlotte NC 28202</p>	<p>Work: 704-372-9870 Fax: 704-333-5508 Email: pmcelroy@jmdlaw.com</p>	<p>Attorney Representative</p>	<p>Two year term Term ends – June 2004</p>	<p>NC Bar Association</p>
<p>Pearl Nealey Client Representative 1004 Duncan Street Spindale NC 28160</p>	<p>Home: 828-288-2877</p>	<p>Client Representative</p>	<p>Three year term Term ends – June 2005</p>	<p>Statewide</p>
<p>Raymond E. "Ray" Owens, Jr Kennedy Covington Lobdell Hickman, LLP 214 N. Tryon Street, 47th Floor Charlotte, NC 28202</p>	<p>Work: 704-331-7496 Fax: 704-353-3196</p>	<p>Attorney Representative</p>	<p>One year term Term Ends – June 2004</p>	<p>IOLTA Board of Trustees (Ex Officio)</p>
<p>Frank G. Queen Esq Brown, Ward & Haynes 370 N. Main Street, Ste. 300 P O Box 928 Waynesville NC 28786</p>	<p>Work: 828-456-9436 Fax: 828-456-4069 Email: frankqueen@cs.com</p>	<p>Attorney Representative</p>	<p>Three year term Term Ends – June 2005</p>	<p>NC Bar Association</p>
<p>Robert E. Riddle Attorney at Law P O Box 7406 Asheville, NC 28802-7406</p>	<p>Work: 828-258-2394 Fax: 828-255-0680 Email: bob@riddlelaw.com christy@riddlelaw.com</p>	<p>Attorney Representative</p>	<p>Three year term Term Ends – 2005</p>	<p>North Carolina Bar Association</p>

Name and Address	Phone/Fax/Email	Membership Type	Term of Service	Region/Affiliation
Rhonda Shepherd Client Representative 231 Bell Court Lane P.O. Box 683 Millers Creek, NC 28651	Home: 336-667-2615 Email: RhondaShepherd@charter.net	Client Representative	Three year term Term Ends – June 2005	Western Region
Laura Shofner Client Representative 219 Peachtree Drive Goldsboro NC 27534	Work: 910-328-3194 Home: 919-759-2606 Fax: 919-759-2622 Email: lshofner@goldsboronc.net	Client Representative	Two year term Term Ends – June 2004	Statewide
Bonnie Tatum Client Representative 89 Edgewood Drive Lumberton NC 28360-8489	Home: 910-739-5578	Client Representative	Two year term Term Ends – June 2004	Statewide
John H. Vernon III Esq. Vernon Vernon Wooten Brown Andrews & Garrett, PA 522 South Lexington Avenue P.O. Drawer 2958 Burlington NC 27216-2958	Work: 336-227-8851 Fax: 336-226-3866 Email: jhv@vernonlaw.com	Attorney Representative	Three year term Term Ends – June 2006	NC State Bar
Charles R. Ward Client Representative P.O. Box 204 Lake Waccamaw NC 28450	Home: 910-646-4359 Fax: 910-646-2173	Client Representative	Three year term Term Ends – June 2006	Southeast Region
Willis Williams Client Representative P.O. Box 97 Jamesville NC 27846	Home: 252-792-1272 Fax: 252-792-5901 Email: will-big@prodigy.net	Client Representative	Three year term Term Ends – June 2005	Northeast Region
G. Gray Wilson, Esq. Wilson & Iseman, L.L.P. 380 Knollwood Street, Suite 530 Winston-Salem, NC 27103	Work: 336-631-8866 Fax: 336-631-9770 Email: gwilson@wilsonandiseman.com	Attorney Representative	One year term Term Ends – June 2004	NC Bar Association (Ex Officio)

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

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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 LEGAL AID OF NORTH CAROLINA, INC.	Employer Identification number 31-1784161
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 26087	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RALEIGH NC 27611-6087	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/16/04 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2003 or
▶ tax year beginning _____, and ending _____

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

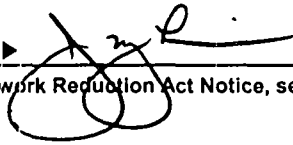
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

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 \$ _____

Signature and Verification

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

Signature ▶  Title ▶ CPA Date ▶ 5/16/04

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

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

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

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

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

Type or print	Name of Exempt Organization LEGAL AID OF NORTH CAROLINA, INC.	Employer identification number 31-1784161
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 26087	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instr. RALEIGH NC 27611-6087	

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-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input checked="" type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

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

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

If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/04

5 For calendar year 2003, or other tax year beginning _____ and ending _____

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

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

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

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

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

Signature and Verification

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

Signature [Signature] Title LPA Date 8/06/04

Notice to Applicant-To Be Completed by the IRS

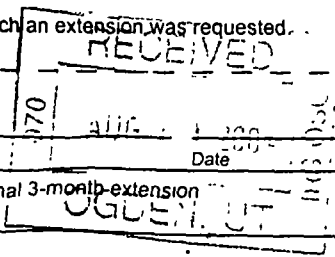
We have approved this application. Please attach this form to the organization's return.

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

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

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

Other _____



Director _____ By _____ Date _____

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

Type or print	Name ROMEO, WIGGINS & CO., LLP (JKL)
	Number and street (include suite, room, or apt no.) Or a P.O. box number 8210 CREEDMOOR ROAD, SUITE 202
	City or town, province or state, and country (including postal or ZIP code) RALEIGH NC 27613

