

# 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

**A For the 2003 calendar year, or tax year beginning** JUL 1, 2003 **and ending** JUN 30, 2004

<b>B</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	Please use IRS label or pinnt or type See Specific Instructions	<b>C Name of organization</b> CHICAGO LEGAL CLINIC, INC		<b>D Employer identification number</b> 36-3200465
		Number and street (or P O box if mail is not delivered to street address) Room/suite 2938 EAST 91ST STREET		<b>E Telephone number</b> (773) 731-1762
		City or town, state or country, and ZIP + 4 CHICAGO, IL 60617		<b>F Accounting method</b> <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).

*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

**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  No

**G Website:** WWW.CLCLAW.ORG

**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.**

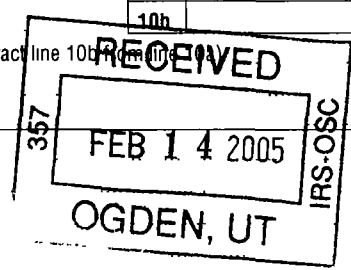
**I Group Exemption Number**

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

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 **1,482,488.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received					
	<b>a</b> Direct public support	<b>1a</b>	532,348.			
	<b>b</b> Indirect public support	<b>1b</b>	69,918.			
	<b>c</b> Government contributions (grants)	<b>1c</b>				
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 602,266. noncash \$ )	<b>1d</b>			602,266.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			718,700.	
	<b>3</b> Membership dues and assessments	<b>3</b>				
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			2,895.	
	<b>5</b> Dividends and interest from securities	<b>5</b>				
	<b>6 a</b> Gross rents	<b>6a</b>				
	<b>b</b> Less rental expenses	<b>6b</b>				
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>				
	<b>7</b> Other investment income (describe )	<b>7</b>				
	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>	1,125.		
			<b>8b</b>	4,347.		
			<b>8c</b>	-3,222.		
		<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			STMT 1	-3,222.
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
	<b>a</b> Gross revenue (not including \$ 0. of contributions reported on line 1a)	<b>9a</b>	124,686.			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>	43,056.			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		SEE STATEMENT 2	81,630.	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less cost of goods sold	<b>10b</b>				
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>				
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			32,816.		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			1,435,085.		
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			1,348,625.		
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			72,670.		
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			62,683.		
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>					
<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>			1,483,978.		
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			-48,893.		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			651,491.		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		SEE STATEMENT 3	13,937.		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			616,535.		



Net Assets FEB 25 2005

**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	162,500.	23,100.	28,800.
26	Other salaries and wages	26	842,729.	31,473.	19,371.
27	Pension plan contributions	27			
28	Other employee benefits	28	69,520.	1,228.	1,826.
29	Payroll taxes	29	80,285.	4,317.	3,863.
30	Professional fundraising fees	30			
31	Accounting fees	31	17,471.	699.	874.
32	Legal fees	32			
33	Supplies	33	14,028.	478.	597.
34	Telephone	34	23,143.	226.	532.
35	Postage and shipping	35	14,054.	568.	711.
36	Occupancy	36	93,897.	1,094.	1,531.
37	Equipment rental and maintenance	37	19,934.	515.	1,859.
38	Printing and publications	38	9,440.	976.	179.
39	Travel	39	29,763.	676.	1,066.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	17,291.	939.	830.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 4	43e	89,923.	6,381.	644.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,483,978.	72,670.	62,683.

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	<b>LEGAL SERVICES - THE CLINIC PROVIDES LEGAL ASSISTANCE FOR THE POOR AND WORKING POOR IN THE AREAS OF LAW ESSENTIAL TO INDIVIDUAL WELL-BEING AND SPECIFICALLY HOUSING, CONSUMER, FAMILY LAW AND ENTITLEMENTS.</b>	(Grants and allocations \$ _____)	790,662.
b	<b>ENVIRONMENTAL LAW - FOCUSES ON NEIGHBORHOOD ENVIRONMENTAL PROBLEMS, OFFERING BOTH EDUCATION AND DIRECT SERVICES.</b>	(Grants and allocations \$ _____)	139,375.
c	<b>DOMESTIC VIOLENCE - THE PROGRAM WAS CREATED TO EFFECTIVELY COMBAT THE NIGHTMARE OF DOMESTIC VIOLENCE THROUGH A COMPREHENSIVE APPROACH TO VICTIM ASSISTANCE.</b>	(Grants and allocations \$ _____)	146,836.
d	<b>IMMIGRATION PROJECT - THE CLINIC PROVIDES REPRESENTATION TO THOSE FACING IMMIGRATION PROBLEMS.</b>	(Grants and allocations \$ _____)	101,274.
e	Other program services (attach schedule) <b>STATEMENT 6</b>	(Grants and allocations \$ _____)	170,478.
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>1,348,625.</b>

**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
<b>Assets</b>	45 Cash - non-interest-bearing	-65,176.	45
	46 Savings and temporary cash investments	345,096.	46 257,235.
	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	40,484.	49 31,754.
	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
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis	55a	
	b Less accumulated depreciation	55b	55c
56 Investments - other SEE STATEMENT 7	203,083.	56 217,224.	
57 a Land, buildings, and equipment basis	57a 227,928.		
b Less accumulated depreciation	57b 190,570.	57c 37,358.	
58 Other assets (describe SEE STATEMENT 8 )	49,062.	58 1,088,094.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	1,046,254.	59 1,631,665.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	2,697.	60 -4,058.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe SEE STATEMENT 9 )	392,066.	65 1,019,188.
66 <b>Total liabilities</b> (add lines 60 through 65)	394,763.	66 1,015,130.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	605,799.	67 582,708.
	68 Temporarily restricted	45,692.	68 33,827.
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	651,491.	73 616,535.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	1,046,254.	74 1,631,665.	

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



Part VI Other Information		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 <b>CLCET, INC.</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions <b>81a</b> 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) <b>82b</b> 235,580.		
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 <b>85c</b> N/A		
d	Section 162(e) lobbying and political expenditures <b>85d</b> N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b> N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b> N/A		
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) organizations. Enter a Initiation fees and capital contributions included on line 12 <b>86a</b> N/A		
b	Gross receipts, included on line 12, for public use of club facilities <b>86b</b> N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders <b>87a</b> 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) <b>87b</b> 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 <b>0.</b> , section 4912 <b>0.</b> , section 4955 <b>0.</b>		
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 <b>0.</b>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <b>0.</b>		
90 a	List the states with which a copy of this return is filed <b>ILLINOIS</b>		
b	Number of employees employed in the pay period that includes March 12, 2003 <b>90b</b> 36		
91	The books are in care of <b>EDWARD GROSSMAN, EXEC DIR</b> Telephone no <b>(773) 731-1762</b>		
	Located at <b>2938 EAST 91ST STREET, CHICAGO, IL</b> ZIP + 4 <b>60617</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b> N/A		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CLIENT FEES					492,587.
b CONTRACT FOR SERVICE					226,113.
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	2,895.	
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					-3,222.
101 Net income or (loss) from special events					81,630.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					9,796.
b SUBLET INCOME					23,020.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,895.	829,924.
105 Total (add line 104, columns (B), (D), and (E))					832,819.

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)
▼	SEE STATEMENT 13

**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).

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, and all information of which preparer has any knowledge.

Date: 2/8/2005  
 Type or print name and title: THOMAS J. PAPROCKI, PRESIDENT  
 Preparer's SSN or PTIN: 00005588

**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

**2003**

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

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> 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
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3 a</b> 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
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>4</b> 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 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
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 )		
<hr/> <hr/> <hr/>			
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b>	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 )	<b>32d</b>	
<hr/> <hr/> <hr/>			
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?	<b>33a</b>	
<b>b</b>	Admissions policies?	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b>	Educational policies?	<b>33e</b>	
<b>f</b>	Use of facilities?	<b>33f</b>	
<b>g</b>	Athletic programs?	<b>33g</b>	
<b>h</b>	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	<b>33h</b>	
<hr/> <hr/> <hr/>			
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b>	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	<b>35</b>	

Schedule A (Form 990 or 990-EZ) 2003

**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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**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 )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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



FYE: 6/30/2004

Asset *	Property Description	Date in Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr.	Book Net Book Value	Book Method	Book Period
100	96 Ford Aspire	12/14/01	1,500.00	0.00	0.00	791.67	500.00	1,291.67	208.33	S/L	3 0
<b>Automobiles</b>											
			1,500.00	0.00	0.00	791.67	500.00	1,291.67	208.33		
<b>Group: Donated property</b>											
13	Office equip (see permanent file for	12/31/96	900.00	0.00	0.00	900.00	0.00	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
25	Library (see permanent file for deta	12/31/96	5,195.00	0.00	0.00	5,195.00	0.00	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 dei	12/31/96	4,550.00	0.00	0.00	4,550.00	0.00	4,550.00	0.00	S/L	5 0
38	Tables & chairs - Clifton Gundersor	6/30/98	1,750.00	0.00	0.00	1,750.00	0.00	1,750.00	0.00	S/L	5 0
39	Desks & filing cabinets - Clifton Gu	6/30/98	1,700.00	0.00	0.00	1,700.00	0.00	1,700.00	0.00	S/L	5 0
40	Desks & filing cabinets - Archdoce	6/30/98	500.00	0.00	0.00	500.00	0.00	500.00	0.00	S/L	5 0
43	United States Code - N Brent	6/30/98	300.00	0.00	0.00	300.00	0.00	300.00	0.00	S/L	5 0
44	Marindale Hubbell Law - Loyola	6/30/98	3,500.00	0.00	0.00	3,500.00	0.00	3,500.00	0.00	S/L	5 0
49	Filing cabinets - Beeler, Schiad & D	6/30/99	1,200.00	0.00	0.00	960.00	240.00	1,200.00	0.00	S/L	5 0
50	US Code, Annotated - Karaganis &	6/30/99	550.00	0.00	0.00	440.00	110.00	550.00	0.00	S/L	5 0
52	Office Furniture - South Chicago B;	6/30/99	1,000.00	0.00	0.00	800.00	200.00	1,000.00	0.00	S/L	5 0
54	Office furniture - J Frdikin	6/30/99	900.00	0.00	0.00	720.00	180.00	900.00	0.00	S/L	5 0
56	Conference table, chairs, cabinets	6/15/00	1,800.00	0.00	0.00	1,110.00	360.00	1,470.00	330.00	S/L	5 0
57	Chairs (4)	5/19/00	500.00	0.00	0.00	308.33	100.00	408.33	91.67	S/L	5 0
58	Conference tables (2)	2/02/00	1,000.00	0.00	0.00	683.33	200.00	883.33	116.67	S/L	5 0
59	Copy Machine	2/01/00	400.00	0.00	0.00	273.33	80.00	353.33	46.67	S/L	5 0
62	Office furniture	11/15/99	300.00	0.00	0.00	220.00	60.00	280.00	20.00	S/L	5 0
63	Cabinets	11/15/99	800.00	0.00	0.00	586.67	160.00	746.67	53.33	S/L	5 0
64	Pentium processor and monitor	11/15/99	1,000.00	0.00	0.00	1,000.00	0.00	1,000.00	0.00	S/L	3 0
80	Canon Copier-Posner	4/05/01	5,500.00	0.00	0.00	2,475.00	1,100.00	3,575.00	1,925.00	S/L	5 0
81	Office Furniture-Bobb & Assoc	4/15/01	2,500.00	0.00	0.00	1,125.00	500.00	1,625.00	875.00	S/L	5 0
83	(4) Secretarial Desks-Alligretti	6/15/01	2,750.00	0.00	0.00	1,145.83	550.00	1,695.83	1,054.17	S/L	5 0
84	Credenza-Alligretti	6/15/01	500.00	0.00	0.00	208.33	100.00	308.33	191.67	S/L	5 0
85	* Antique Desk & Marble Credenza-/	6/15/01	5,000.00	0.00	0.00	2,083.33	1,000.00	3,083.33	1,916.67	S/L	5 0
86	Executive Desk Chairs-Alligretti	6/15/01	800.00	0.00	0.00	333.33	160.00	493.33	306.67	S/L	5 0
87	(5) Desk Chairs-Alligretti	6/15/01	1,150.00	0.00	0.00	479.17	230.00	709.17	440.83	S/L	5 0
88	(2) Bookcases & Accessories-Alligr	6/15/01	725.00	0.00	0.00	302.08	145.00	447.08	277.92	S/L	5 0
89	ILL Decision Books-Alligretti	6/15/01	1,250.00	0.00	0.00	868.06	381.94	1,250.00	0.00	S/L	3 0
90	Drapes & Curtain Rods-Grossman	11/02/00	300.00	0.00	0.00	160.00	60.00	220.00	80.00	S/L	5 0
91	Corel WordPerfect 2000-Vizza	2/20/01	300.00	0.00	0.00	233.33	66.67	300.00	0.00	S/L	3 0
92	Panasonic Typewriter-Freireich	4/02/01	150.00	0.00	0.00	67.50	30.00	97.50	52.50	S/L	5 0
93	Computer scanner-Imparl	1/21/01	75.00	0.00	0.00	36.25	15.00	51.25	23.75	S/L	5 0
94	Typewriter-Simeone	8/11/00	25.00	0.00	0.00	14.58	5.00	19.58	5.42	S/L	5 0
97	Computer equipment - AAA Club	6/30/02	1,800.00	0.00	0.00	600.00	600.00	1,200.00	600.00	S/L	3 0
98	Sharp SF-7800 copier - Longwell &	9/19/01	500.00	0.00	0.00	175.00	100.00	275.00	225.00	S/L	5 0
99	Phone system - CBE	12/31/01	2,380.00	0.00	0.00	714.00	476.00	1,190.00	1,190.00	S/L	5 0
106	Hewlett Packard Laser Jet III Printe	10/05/02	600.00	0.00	0.00	90.00	120.00	210.00	390.00	S/L	5 0
107	Multi-media compter w/ scanner &	12/23/02	900.00	0.00	0.00	90.00	180.00	270.00	630.00	S/L	5 0

**Book Asset Detail 7/01/03 - 6/30/04**

FYE: 6/30/2004

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: Donated property (continued)</b>											
108	EM PAC computer w/ 17" monitor	4/04/03	850.00	0.00	0.00	42.50	170.00	212.50	637.50	S/L	5.0
109	Lanier copier - 6765 & 6735	4/04/03	5,000.00	0.00	0.00	250.00	1,000.00	1,250.00	3,750.00	S/L	5.0
110	1998 Dodge Intrepid	5/23/03	3,000.00	0.00	0.00	83.33	1,000.00	1,083.33	1,916.67	S/L	3.0
111	* 1993 Ford Taurus	6/23/03	2,500.00	0.00	0.00	0.00	69.44	69.44	2,430.56	S/L	3.0
119	3M Projector	12/11/03	1,000.00	0.00c	0.00	0.00	116.67	116.67	883.33	S/L	5.0
120	Computer equipment	2/16/04	4,500.00	0.00c	0.00	0.00	300.00	300.00	4,200.00	S/L	5.0
121	Printer	11/17/03	2,700.00	0.00c	0.00	0.00	315.00	315.00	2,385.00	S/L	5.0
122	12 filing cabinets	10/14/03	1,000.00	0.00c	0.00	0.00	150.00	150.00	850.00	S/L	5.0
	<b>Donated property</b>		<b>84,758.25</b>	<b>0.00c</b>	<b>0.00</b>	<b>46,231.53</b>	<b>10,630.72</b>	<b>56,862.25</b>	<b>27,896.00</b>		
	<b>*Less: Dispositions</b>		<b>7,500.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2,083.33</b>	<b>0.00</b>	<b>3,152.77</b>	<b>4,347.23</b>		
	<b>Net Donated property</b>		<b>77,258.25</b>	<b>0.00c</b>	<b>0.00</b>	<b>44,148.20</b>	<b>10,630.72</b>	<b>53,709.48</b>	<b>23,548.77</b>		

**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	7,413.00	0.00	7,413.00	0.00	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 - Eiek 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	31,072.97	0.00	0.00	31,072.97	0.00	31,072.97	0.00	S/L	5.0
32	NT servers - Dell	11/19/97	7,908.00	0.00	0.00	7,908.00	0.00	7,908.00	0.00	S/L	5.0
33	Computer equipment - Insight	12/12/97	318.60	0.00	0.00	318.60	0.00	318.60	0.00	S/L	5.0
34	Telephone equipment	12/15/97	212.00	0.00	0.00	212.00	0.00	212.00	0.00	S/L	5.0
35	Computer equipment - Insight	1/29/98	782.82	0.00	0.00	782.82	0.00	782.82	0.00	S/L	5.0
36	Copier - Image Solutions	3/31/98	5.00	0.00	0.00	5.00	0.00	5.00	0.00	S/L	5.0
45	3 HP Printers - Insight	7/23/98	3,191.88	0.00	0.00	3,138.70	53.18	3,191.88	0.00	S/L	5.0
47	Immigrator & SS Software - West	9/28/98	2,308.50	0.00	0.00	2,193.08	115.42	2,308.50	0.00	S/L	5.0
67	Computer Monitor	8/04/99	247.53	0.00	0.00	247.53	0.00	247.53	0.00	S/L	3.0
68	Phone System	10/01/99	1,120.31	0.00	0.00	840.23	224.06	1,064.29	56.02	S/L	5.0
69	Telephone	10/04/99	245.00	0.00	0.00	183.75	49.00	232.75	12.25	S/L	5.0
70	Fax Machine	10/19/99	229.96	0.00	0.00	168.63	45.99	214.62	15.34	S/L	5.0
71	Refrigerator	10/19/99	139.92	0.00	0.00	102.60	27.98	130.58	9.34	S/L	5.0
72	microwave	10/19/99	79.99	0.00	0.00	58.67	16.00	74.67	5.32	S/L	5.0
73	printer	1/12/00	699.00	0.00	0.00	489.30	139.80	629.10	69.90	S/L	5.0
74	(3) Spirit 6-BTN Phones	8/17/00	571.56	0.00	0.00	323.88	114.31	438.19	133.37	S/L	5.0
75	(5) Monitors	5/15/01	699.95	0.00	0.00	505.53	194.42	699.95	0.00	S/L	3.0
76	(2) Hard Drives	5/15/01	219.98	0.00	0.00	95.33	44.00	139.33	80.65	S/L	5.0
77	(4) Monitors w/ cables	5/30/01	659.89	0.00	0.00	458.25	201.64	659.89	0.00	S/L	3.0
78	HP Laserjet printer	3/22/01	2,131.95	0.00	0.00	959.38	426.39	1,385.77	746.18	S/L	5.0
79	Hard Drive for Paul Imparl	2/08/01	681.94	0.00	0.00	329.61	136.39	466.00	215.94	S/L	5.0
95	Desk Chair-Avila	9/29/00	69.99	0.00	0.00	38.50	14.00	52.50	17.49	S/L	5.0

**Book Asset Detail 7/01/03 - 6/30/04**

FYE: 6/30/2004

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c.	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: Equipment (continued)</b>											
96	Fax machine-Vondracek	12/05/00	249.99	0.00	0.00	129.17	50.00	179.17	70.82	S/L	5 0
102	Printer	7/31/01	399.95	0.00	0.00	255.53	133.32	388.85	11.10	S/L	3 0
103	Toshiba laptop	8/03/01	1,949.90	0.00	0.00	1,245.77	649.97	1,895.74	54.16	S/L	3 0
104	Misc computer parts to rebuild old c	5/16/02	801.86	0.00	0.00	289.56	267.29	556.85	245.01	S/L	3 0
105	Computer	6/12/02	563.66	0.00	0.00	203.55	187.89	391.44	172.22	S/L	3 0
112	Server & software	3/07/03	2,700.77	0.00	0.00	300.09	900.26	1,200.35	1,500.42	S/L	3 0
113	Software & computer equipment	3/14/03	1,588.69	0.00	0.00	176.52	529.56	706.08	882.61	S/L	3 0
114	3 computers	6/13/03	2,676.51	0.00	0.00	74.35	892.17	966.52	1,709.99	S/L	3 0
115	Printer/fax machine	2/11/03	563.76	0.00	0.00	78.30	187.92	266.22	297.54	S/L	3 0
116	3 phones	2/13/03	592.00	0.00	0.00	49.33	118.40	167.73	424.27	S/L	5 0
117	Billing software	3/10/03	649.90	0.00	0.00	72.21	216.63	288.84	361.06	S/L	3 0
118	Fax machine	8/15/03	735.00	0.00c	0.00	0.00	224.58	224.58	510.42	S/L	3 0
	<b>Equipment</b>		<b>139,818.22</b>	<b>0.00c</b>	<b>0.00</b>	<b>126,056.23</b>	<b>6,160.57</b>	<b>132,216.80</b>	<b>7,601.42</b>		

**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
	<b>Furnishings</b>		<b>3,351.19</b>	<b>0.00c</b>	<b>0.00</b>	<b>3,351.19</b>	<b>0.00</b>	<b>3,351.19</b>	<b>0.00</b>		
	<b>Grand Total</b>		<b>229,427.66</b>	<b>0.00c</b>	<b>0.00</b>	<b>176,430.62</b>	<b>17,291.29</b>	<b>193,721.91</b>	<b>35,705.75</b>		
	<b>Less: Dispositions</b>		<b>7,500.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2,083.33</b>	<b>0.00</b>	<b>3,152.77</b>	<b>4,347.23</b>		
	<b>Net Grand Total</b>		<b>221,927.66</b>	<b>0.00c</b>	<b>0.00</b>	<b>174,347.29</b>	<b>17,291.29</b>	<b>190,569.14</b>	<b>31,358.52</b>		

*Accounting Software NOT YET PLACED IN SERVICE*

6,000 -

227,927.66

6,000 -

37,358.52

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF FURNITURE	06/15/01	06/30/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	5,000.	0.	3,083.	-1,917.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
1993 FORD TAURUS	06/23/03	08/01/03	DONATED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	1,125.	2,500.	0.	70.	-1,305.
TO FM 990, PART I, LN 8	1,125.	7,500.	0.	3,153.	-3,222.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
2004 BANQUET	122,816.		122,816.	43,056.	79,760.
PARKING	1,870.		1,870.		1,870.
TO FM 990, PART I, LINE 9	124,686.		124,686.	43,056.	81,630.

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

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	13,937.
TOTAL TO FORM 990, PART I, LINE 20	13,937.

FORM. 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
INSURANCE	13,022.	9,513.	3,274.	235.	
DUES	2,427.	2,372.	55.		
ADVERTISING	200.		200.		
OTHER	3,371.	830.	2,532.	9.	
CONSULTING	8,000.	7,280.	320.	400.	
PROGRAM GRANTS	40,170.	40,170.			
VOLUNTEER CONTRACTS	22,733.	22,733.			
<b>TOTAL TO FM 990, LN 43</b>	<b>89,923.</b>	<b>82,898.</b>	<b>6,381.</b>	<b>644.</b>	

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

EXPLANATION

THE ORGANIZATION 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		9,726.	
PRO BONO LEGAL SERVICES		76,375.	
CIRCUIT RIDER		24,764.	
ADVISE DESK		59,613.	
<b>TOTAL TO FORM 990, PART III, LINE E</b>		<b>170,478.</b>	

FORM 990	OTHER INVESTMENTS	STATEMENT	7
DESCRIPTION	VALUATION METHOD	AMOUNT	
U.S. TREASURY STRIPS	MARKET VALUE	53,620.	
MUTUAL FUNDS	MARKET VALUE	74,080.	
CERTIFICATE OF DEPOSIT	MARKET VALUE	89,524.	
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		217,224.	

FORM 990	OTHER ASSETS	STATEMENT	8
DESCRIPTION	AMOUNT		
RESTRICTED CASH, CLIENT DEPOSITS	1,021,619.		
UNCONDITIONAL PROMISES TO GIVE, UNRESTRICTED	33,223.		
CLIENT FEES RECEIVABLE	15,111.		
OTHER RECEIVABLES	18,141.		
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		1,088,094.	

FORM 990	OTHER LIABILITIES	STATEMENT	9
DESCRIPTION	AMOUNT		
CLIENTS DEPOSITS	1,021,619.		
OTHER LIABILITIES	-2,431.		
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		1,019,188.	

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
DESCRIPTION	AMOUNT		
DIRECT EXPENSES RELATED TO SPECIAL EVENT ON LINE 9B	43,056.		
TOTAL TO FORM 990, PART IV-A		43,056.	

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
DIRECT EXPENSES RELATED TO SPECIAL EVENTS ON LINE 9B	43,056.
TOTAL TO FORM 990, PART IV-B	43,056.

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 1400 S. AUSTIN BLVD. CICERO, IL 60804	PRESIDENT 10HR/MO	0.	0.	0.
PATRICIA C. BOBB 833 W. JACKSON BLVD., SUITE 200 CHICAGO, IL 60607	VICE-PRESIDENT 2HR/MO	0.	0.	0.
REV. MARK BRUMMEL, C.M.F. 205 W. MONROE ST. CHICAGO, IL 60606	DIRECTOR 1HR/MO	0.	0.	0.
PAUL BENETURSKI 2400 W. 95TH ST EVERGREEN PARK, IL 60805	TREASURER 3HR/MO	0.	0.	0.
MARK CHUDZINSKI 2 MACARTHUR PLACE, SIXTH FLOOR SANTA ANA, CA 92707	DIRECTOR 1HR/MO	0.	0.	0.
CARRIE K. HUFF 190 S. LASALLE ST. CHICAGO, IL 60603	DIRECTOR 2HR/MO	0.	0.	0.
DANIEL J. MCNAMARA 2255 W. 112TH ST. CHICAGO, IL 60643	DIRECTOR 1HR/MO	0.	0.	0.
PENELOPE A. WOODS ONE N. WACKER CHICAGO, IL 60606	SECRETARY 1HR/MO	0.	0.	0.

ANTHONY J. ZIAK 3658. E. 106TH ST. CHICAGO, IL 60617	DIRECTOR 1HR/MO	0.	0.	0.
JESSE RUIZ 191 N. WACKER DR, STE. 3700 CHICAGO, IL 60606	DIRECTOR 2HR/MO	0.	0.	0.
EDWARD GROSSMAN 7422 CHOCTAW PALOS HTS, IL 60463	EXEC DIRECTOR 200 HR/MO	58,000.	0.	0.
CASE HOOGENDOORN 122 S. MICHIGAN, SUITE 1220 CHICAGO, IL 60603	DIRECTOR 2HR/MO	0.	0.	0.
KATHY POSNER 100 E. HURON, APT 3505 CHICAGO, IL 60611	DIRECTOR 6HR/MO	0.	0.	0.
JAMES D. JACOBSON 55 W. MONROE ST, SUITE 3550 CHICAGO, IL 60603	DIRECTOR 2HR/MO	0.	0.	0.
ROBYN ROSS 111 W. MONROE ST. CHICAGO, IL 60603	DIRECTOR 4HR/MO	0.	0.	0.
ROBERT SLAUGHTER ONE IBM PLAZA, 333 N. WABASH AVE., 44TH FL CHICAGO, IL 60611	DIRECTOR 1HR/MO	0.	0.	0.
DAVID WISE 161 N. CLARK STREET, SUITE 2240 CHICAGO, IL 60601	DIRECTOR 1HR/MO	0.	0.	0.
LOIS BOUDREAU ROBLES 1244 STATE ST, #348 LEMONT, IL 60439	DIRECTOR 2HR/MO	0.	0.	0.
MARTA C. BUKATA 1041 ROYAL DUBLIN DYER, IN 46311	DEPUTY DIRECTOR 200 HR/MO	57,000.	0.	0.
KEITH HARLEY 580 SUGAR CREEK DRIVE JOLIET, IL 60433	ENVIRONMENTAL LAW PROG DIR 170 HR/MO	47,500.	0.	0.
DAVID L. LAPORTE 175 W. JACKSON BLVD, STE #1600 CHICAGO, IL 60604	DIRECTOR 1 HR/MO	0.	0.	0.

DARRYL M. BRADFORD ONE FINANCIAL PLACE, 400 S. LASALLE ST., 33RD. FLOOR CHICAGO, IL 60605	DIRECTOR 1HR/MO	0.	0.	0.
TRACY A. O'FLAHERTY 35 W. WACKER DRIVE CHICAGO, IL 60601	DIRECTOR 3HR/MO	0.	0.	0.
EDWARD JOHN VAN MERRIENBOER, O.P. 1909 S. ASHLAND AVENUE CHICAGO, IL 60608	DIRECTOR 2HR/MO	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>162,500.</u>	<u>0.</u>	<u>0.</u>

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.
100	LOSS RECOGNIZED FROM DISPOSAL OF PROPERTY AND EQUIPMENT.
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.
103B	SUBLET INCOME IS DERIVED FROM SUBLETTING UNUSED LEASED SPACE TO REDUCE RENT COSTS AND THEREBY MAKING MORE FUNDS AVAILABLE FOR PROGRAM SERVICES.

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
SPECIAL EVENTS AND OTHER	102,872.	115,763.	99,371.	68,017.
TOTAL TO SCHEDULE A, LINE 22	<u>102,872.</u>	<u>115,763.</u>	<u>99,371.</u>	<u>68,017.</u>

# 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.

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

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

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

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

**1** I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **FEBRUARY 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2003**, and ending **JUN 30, 2004**.

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

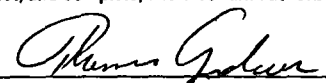
**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

**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 ▶  Title ▶ CPA Date ▶ 11/11/04  
LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)