

Form 990

EXTENSION ATTACHED

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2004

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 7/01, 2004, and ending 6/30, 2005

B Check if applicable

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

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.PRIMO CENTER FOR WOMEN AND CHILDREN
FKA URBAN FAMILY AND COMMUNITY CENTER
4241 W WASHINGTON BLVD.
CHICAGO, IL 60624-0337

D Employer Identification Number

36-2966006

E Telephone number

773-722-8333

F Accounting method

☐ Cash ☒ Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H (c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

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

G Web site: ▶ N/A

J Organization type (check only one)

☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 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 ▶ 984,658.

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

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	353,300.		
b	Indirect public support	1b	107,300.		
c	Government contributions (grants)	1c	112,954.		
d	Total (add lines 1a through 1c) (cash \$ 565,554. noncash \$ 8,000.)	1d	573,554.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	791.		
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe) ▶	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	8d			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	409,338.		
b	Less direct expenses other than fundraising expenses	9b	292,408.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	116,930.		
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	975.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	692,250.		
13	Program services (from line 44, column (B))	13	390,251.		
14	Management and general (from line 44, column (C))	14	56,535.		
15	Fundraising (from line 44, column (D))	15	65,000.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	511,786.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	180,464.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	241,322.		
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	421,786.		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0107L 01/07/05

Form 990 (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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	232,046.	209,119.	22,927.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42			
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	43a	279,740.	181,132.	33,608.
b		43b			
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	511,786.	390,251.	56,535.

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 AccomplishmentsWhat is the organization's primary exempt purpose? SEE STATEMENT 3

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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts, but
optional for others.)

a	PRIMO CENTER FOR WOMEN AND CHILDREN	
	(Grants and allocations \$ _____)	390,251.
b		
	(Grants and allocations \$ _____)	
c		
	(Grants and allocations \$ _____)	
d		
	(Grants and allocations \$ _____)	
e	Other program services	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	390,251.

Part IV Balance Sheets (See instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non-interest-bearing	49,539.	45	311,759.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47 a 20,215.		
	b Less allowance for doubtful accounts	47 b	25,323.	47 c 20,215.
	48 a Pledges receivable	48 a		
	b Less allowance for doubtful accounts	48 b		48 c
	49 Grants receivable	100,000.	49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51 a Other notes & loans receivable (attach sch)	51 a		
	b Less allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	32,495.	53	14,292.
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments — land, buildings, & equipment basis	55 a		
	b Less accumulated depreciation (attach schedule)	55 b		55 c
56 Investments — other (attach schedule)		56		
57 a Land, buildings, and equipment basis	57 a 379,316.			
b Less accumulated depreciation (attach schedule)	57 b 181,688.	213,759.	57 c	197,628.
58 Other assets (describe ▶ SEE STATEMENT 5)		58	25,000.	
59 Total assets (add lines 45 through 58) (must equal line 74)	421,116.	59	568,894.	
LIABILITIES	60 Accounts payable and accrued expenses	69,047.	60	47,542.
	61 Grants payable		61	
	62 Deferred revenue	12,500.	62	9,071.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)	98,247.	64 b	90,495.
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)	179,794.	66	147,108.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	241,322.	67	166,968.
	68 Temporarily restricted		68	254,818.
	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)	241,322.	73	421,786.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	421,116.	74	568,894.

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.

BA/A

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

a	Total revenue, gains, and other support per audited financial statements	a	692,250.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	692,250.
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	692,250.

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

a	Total expenses and losses per audited financial statements	a	511,786.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	511,786.
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	511,786.

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 6				
		0.	0.	0.

7f. 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 instructions

Part VI Other Information (See instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?		X
80b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a 501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
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.		
85c Dues, assessments, and similar amounts from members	85c	N/A
85d Section 162(e) lobbying and political expenditures	85d	N/A
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter. Amount of tax on line 89c, above, reimbursed by the organization		0.
90a List the states with which a copy of this return is filed <u>ILLINOIS</u>		
90b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	5
91 The books are in care of <u>BRIAN FARGO, TREASURER</u> Telephone number <u>773-722-8333</u> Located at <u>4241 W. WASHINGTON BLVD., CHICAGO, IL</u> ZIP + 4 <u>60624</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93: Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94: Membership dues and assessments					
95: Interest on savings & temporary cash invmnts					791.
96: Dividends & interest from securities					
97: Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98: Net rental income or (loss) from pers prop					
99: Other investment income					
100: Gain or (loss) from sales of assets other than inventory					
101: Net income or (loss) from special events					116,930.
102: Gross profit or (loss) from sales of inventory					
103: Other revenue. a					
b MISCELLANEOUS					975.
c					
d					
e					
104: Subtotal (add columns (B), (D), and (E))					118,696.
105: Total (add line 104, columns (B), (D), and (E))					118,696.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
95	INTEREST ON PROGRAM SAVINGS ASSISTS IN FUNDING PROGRAMS.
103(B)	MISCELLANEOUS REVENUE USED TO SUPPORT PROGRAM SERVICES.
101	SPECIAL EVENTS TO RAISE FUNDS TO SUPPORT EXEMPT ACTIVITIES.

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

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Preparer

Date

12/1/05

CHARMAN PRESIDENT - FINANCE

Preparer's SSN or PTIN (See instructions)

Department of the Treasury
Internal Revenue Service

(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

2004

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

Name of the organization

PRIMO CENTER FOR WOMEN AND CHILDREN
FKA URBAN FAMILY AND COMMUNITY CENTER

Employer identification number

36-2966006

(See instructions. List each one. If there are none, enter 'None')

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

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

Schedule A (Form 990 or 990-EZ) 2004

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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	329,628.	515,823.	755,323.	808,034.	2,408,808.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		1,516.	8,120.	19,677.	29,313.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	197.	167.	122.	25.	511.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 7	187,159.	49,737.	9,454.	5,689.	252,039.
23 Total of lines 15 through 22	516,984.	567,243.	773,019.	833,425.	2,690,671.
24 Line 23 minus line 17	516,984.	565,727.	764,899.	813,748.	2,661,358.
25 Enter 1% of line 23	5,170.	5,672.	7,730.	8,334.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 53,227.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,661,358.
d Add. Amounts from column (e) for lines. 18 511. 19					26d 252,550.
22 252,039. 26b					26e 2,408,808.
e Public support (line 26c minus line 26d total)					26f 90.51 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year. (2003) (2002) (2001) (2000)					
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. (2003) (2002) (2001) (2000)					
c Add. Amounts from column (e) for lines. 15 16 17 20 21					27c
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Part V Private School Questionnaire (See instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)		

32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

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

N/A

Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked 'a' and 'limited control' provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table —		
If the amount on line 40 is —		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is —		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4 -Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

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

BAA

Schedule A (Form 990 or 990-EZ) 2004

PRIMO CENTER FOR WOMEN AND CHILDREN
FKA URBAN FAMILY AND COMMUNITY CENTER

36-2966006

STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
GALA	371,000.	0.	371,000.	282,293.	88,707.
OTHER SPECIAL EVENT	38,338.	0.	38,338.	10,115.	28,223.
TOTAL	<u>\$ 409,338.</u>	<u>\$ 0.</u>	<u>\$ 409,338.</u>	<u>\$ 292,408.</u>	<u>\$ 116,930.</u>

STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ACCOUNTING AND AUDIT	14,963.	13,467.	1,496.	
AUTO MAINTENANCE	1,362.		1,362.	
BANK AND CREDIT CARD CHARGES	1,081.		1,081.	
BUILDING MAINTENANCE	6,747.	6,004.	743.	
CONFERENCES AND MEETINGS	250.	150.	100.	
DEPRECIATION AND AMORTIZATION	16,132.	14,642.	1,490.	
DUES, SUBSCRIPTIONS AND PUBLIC	1,282.	672.	610.	
EQUIPMENT USAGE	1,883.	1,883.		
FOOD	15,780.	15,780.		
HEALTH AND DENTAL INSURANCE	49,380.	45,900.	3,480.	
INSURANCE	33,037.	31,427.	1,610.	
INTEREST	4,132.		4,132.	
MAINTENANCE AND REPAIR	2,491.	2,241.	250.	
MISCELLANEOUS	2,146.	1,969.	177.	
OFFICE SUPPLIES	4,207.	1,529.	2,678.	
PAYROLL TAXES AND BENEFITS	31,746.	28,532.	3,214.	
POSTAGE AND SHIPPING	610.	152.	458.	
PROGRAM CONSULTANTS	70,182.	5,182.		65,000.
PROGRAM SUPPLIES	795.	795.		
TELEPHONE	6,517.	2,203.	4,314.	
TRAVEL	73.	50.	23.	
UTILITIES	12,133.	6,285.	5,848.	
WORKERS COMPENSATION	2,811.	2,269.	542.	
TOTAL	<u>\$ 279,740.</u>	<u>\$ 181,132.</u>	<u>\$ 33,608.</u>	<u>\$ 65,000.</u>

STATEMENT 3
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO SUPPORT THE WESTSIDE COMMUNITY OF CHICAGO BY OFFERING A WOMEN'S SHELTER TO FAMILIES IN NEED.

2004

FEDERAL STATEMENTS

PAGE 2

PRIMO CENTER FOR WOMEN AND CHILDREN
FKA URBAN FAMILY AND COMMUNITY CENTER

36-2966006

STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT	\$ 700.	\$ 700.	\$ 0.
FURNITURE AND FIXTURES	78,988.	75,216.	3,772.
BUILDINGS	299,628.	105,772.	193,856.
TOTAL	<u>\$ 379,316.</u>	<u>\$ 181,688.</u>	<u>\$ 197,628.</u>

STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS

ESCROW DEPOSIT		\$ 25,000.
TOTAL		<u>\$ 25,000.</u>

STATEMENT 6
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
QUINTIN E. PRIMO III 875 N. MICHIGAN #3430 CHICAGO, IL 60611	CHAIRMAN 3	\$ 0.	\$ 0.	\$ 0.
HEATHER MITCHELL 875 N. MICHIGAN #3430 CHICAGO, IL 60611	PRESIDENT 3	0.	0.	0.
MARTY ALSTON 875 N. MICHIGAN #3430 CHICAGO, IL 60611	SECRETARY 3	0.	0.	0.
BRIAN FARGO 875 N. MICHIGAN AVE., #3430 CHICAGO, IL 60611	TREASURER 3	0.	0.	0.
FRANK CLARK III C/O 4241 W. WASHINGTON CHICAGO, IL 60624	DIRECTOR 3	0.	0.	0.
BRADFORD BUTTS 127 FRANCISCO TERRACE OAK PARK, IL 60302	DIRECTOR 3	0.	0.	0.

PRIMO CENTER FOR WOMEN AND CHILDREN
FKA URBAN FAMILY AND COMMUNITY CENTER

36-2966006

STATEMENT 6 (CONTINUED)

FORM 990, PART V

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KIMBERLY CRAYTON C/O 4241 W. WASHINGTON CHICAGO, IL 60624	DIRECTOR 3	\$ 0.	\$ 0.	\$ 0.
MERCEDES LAING C/O 4241 W. WASHINGTON CHICAGO, IL 60624	DIRECTOR 3	0.	0.	0.
JOHN MCCLELLAN C/O 4241 WASHINGTON CHICAGO, IL 60624	DIRECTOR 3	0.	0.	0.
TRISH HOFFMAN 70 E. WALTON #5A CHICAGO, IL 60611	DIRECTOR 3	0.	0.	0.
LEE MILLER C/O 4241 W. WASHINGTON CHICAGO, IL 60624	DIRECTOR 3	0.	0.	0.
MARK RANDOLPH 1303 E. ALGONQUIN RD. SCHAUMBURG, IL 60196	DIRECTOR 3	0.	0.	0.
GREG VOLWALLER C/O 4241 W. WASHINGTON CHICAGO, IL 60624	DIRECTOR 3	0.	0.	0.
JON K. RODGERS 221 N. LASALLE CHICAGO, IL 60601	DIRECTOR 3	0.	0.	0.
RANDALL K. ROWE 1401 N. GREEN BAY RD. LAKE FOREST, IL 60045	DIRECTOR 3	0.	0.	0.
DOLLIE WILLIAMS C/O 4241 W. WASHINGTON CHICAGO, IL 60624	DIRECTOR 3	0.	0.	0.
DANIELLE MELTZER CASSEL 203 N. LASALLE ST, #1900 CHICAGO, IL 60601	DIRECTOR 3	0.	0.	0.
VINCENT WILLIAMS C/O 4241 W. WASHINGTON CHICAGO, IL 60624	DIRECTOR 3	0.	0.	0.

2004

FEDERAL STATEMENTS
PRIMO CENTER FOR WOMEN AND CHILDREN
FKA URBAN FAMILY AND COMMUNITY CENTER

PAGE 4

36-2966006

STATEMENT 6 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
CARROL TILLMAN 5917 W. MIDWAY PARK CHICAGO, IL 60644	DIRECTOR 3	\$ 0.	\$ 0.	\$ 0.
TOTAL		<u>\$ 0.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 7
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

<u>DESCRIPTION</u>	<u>(A) 2003</u>	<u>(B) 2002</u>	<u>(C) 2001</u>	<u>(D) 2000</u>	<u>(E) TOTAL</u>
MISCELLANEOUS	\$ 26.	\$ 7,214.	\$ 9,454.	\$ 5,689.	\$ 22,383.
FUND RAISING	187,133.	42,523.	0.	0.	229,656.
TOTAL	<u>\$ 187,159.</u>	<u>\$ 49,737.</u>	<u>\$ 9,454.</u>	<u>\$ 5,689.</u>	<u>\$ 252,039.</u>

Form **8868**

(Rev December 2004)

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)

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)**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***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	PRIMO CENTER FOR WOMEN AND CHILDREN FKA URBAN FAMILY AND COMMUNITY CENTER	36-2966006
	Number, street, and room or suite number. If a P.O. box, see instructions	
	4241 W WASHINGTON BLVD.	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	CHICAGO, IL 60624-0337	

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

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

- The books are in the care of ► BRIAN FARGO, TREASURER

Telephone No ► 773-722-8333

FAX No ► _____

- 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-months for a **Form 990-T corporation**) extension of time until 2/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20__ or
- ☒ tax year beginning 7/01, 20 04, and ending 6/30, 20 05

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0.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 \$ 0.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 \$ 0.**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 12-2004)Internal Revenue Service
RECEIVED

NOV 03 2005

Morton Grove, IL