

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

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

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 CHICAGO LEGAL CLINIC INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 2938 EAST 91ST STREET

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

D Employer identification number
 36-3200465

E Telephone number
 (773) 731-1762

G Gross receipts \$ 3,043,119

F Name and address of principal officer
 EDWARD GROSSMAN
 2938 EAST 91ST STREET
 CHICAGO, IL 60617

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

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.CLCLAW.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1982 **M** State of legal domicile IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION PROVIDES COMMUNITY BASED LEGAL SERVICES AND EDUCATION TO THE UNDER-SERVED AND DISADVANTAGED IN CHICAGO METROPOLITAN AREAS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	68
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,597,843	Current Year 2,116,822
	9 Program service revenue (Part VIII, line 2g)	1,174,551	802,411
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,148	1,572
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,495	18,781
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,856,037	2,939,586
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	25,000	25,000
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,058,054	2,101,033
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 46,345		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	646,073	555,864
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,729,127	2,681,897	
19 Revenue less expenses Subtract line 18 from line 12	126,910	257,689	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,446,786	End of Year 3,080,248
	21 Total liabilities (Part X, line 26)	797,973	1,173,746
	22 Net assets or fund balances Subtract line 21 from line 20	1,648,813	1,906,502

Part II Signature Block

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.

Sign Here

Signature of officer: *****
 Date: 2013-03-18

EDWARD GROSSMAN EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature: GREGORY S ADAMS
 Date: _____
 Check if self-employed

Preparer's taxpayer identification number (see instructions): P00095597

Firm's name (or yours if self-employed), address, and ZIP + 4: CLIFTONLARSONALLEN LLP
 1301 W 22ND ST STE 1100
 OAK BROOK, IL 60523

EIN: 41-0746749
 Phone no: (630) 573-8600

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission
 THE ORGANIZATION PROVIDES COMMUNITY BASED LEGAL SERVICES AND EDUCATION TO THE UNDER-SERVED AND DISADVANTAGED IN CHICAGO METROPOLITAN AREAS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 713,876 including grants of \$) (Revenue \$ 543,933)
 LEGAL SERVICES - THE CLINIC PROVIDES LEGAL ASSISTANCE FOR THE POOR AND WORKING POOR THROUGH THE ESTABLISHMENT OF ACCESSABLE AND AFFORDABLE BILINGUAL LEGAL SERVICES, IN THE AREAS OF LAW ESSENTIAL TO INDIVIDUAL WELL-BEING AND SPECIFICALLY HOUSING, CONSUMER, FAMILY LAW AND ENTITLEMENTS

4b (Code) (Expenses \$ 561,753 including grants of \$) (Revenue \$)
 CHANCERY PROGRAMS - THE ORGANIZATION HAS IMPLEMENTED AN ADVICE DESK FOR THE CHANCERY DIVISION OF THE CIRCUIT COURT OF COOK COUNTY, INVOLVING MATTERS SUCH AS FORECLOSURES, INJUNCTIONS, NAME CHANGES AND THOSE WHERE SPECIFIC PERFORMANCE IS SOUGHT. THE ADVICE DESK AND OTHER CLINIC CHANCERY ATTORNEYS ASSIST LITIGANTS WHO DO NOT KNOW HOW TO UTILIZE THE PROCEDURAL AND SUBSTANTIVE SAFEGUARDS THE LAW AFFORDS THEM PRIOR TO LOSING THEIR HOMES, BY ADVISING THEM OF THE PROCESS, POTENTIAL DEFENSES, OR ALTERNATIVE COURSES OF ACTION, SUCH AS REFINANCING OR SALE OF THEIR HOMES. ADDITIONALLY, CLIENTS ARE REFERRED TO ATTORNEYS FOR MORE SUBSTANTIVE REPRESENTATION AS APPROPRIATE FOR THEIR CIRCUMSTANCES. THE CLINIC ALSO STAFFS AN INFORMATION LINE.

4c (Code) (Expenses \$ 334,172 including grants of \$) (Revenue \$)
 SSI ADVOCACY PROJECT - THE CLINIC ENTERED INTO A CONTRACT WITH THE STATE OF ILLINOIS TO PROVIDE LEGAL REPRESENTATION IN SUPPLEMENTAL SECURITY INCOME (SSI) CASES. THE CLIENTS SERVED WERE ON STATE AID AND SUFFERED FROM SERIOUS DISABILITIES.

(Code) (Expenses \$ 16,746 including grants of \$) (Revenue \$)
 EDUCATIONAL SEMINARS- THE PROGRAM CONDUCTS FREE SEMINARS ON VARIOUS ASPECTS OF LAW, EDUCATING INDIVIDUALS ON THEIR RIGHTS BEFORE PROBLEMS ARISE.

(Code) (Expenses \$ 0 including grants of \$) (Revenue \$)
 PRO BONO LEGAL SERVICES- THE PROGRAM ENLISTS THE SERVICES OF VOLUNTEER ATTORNEYS FOR LOW-INCOME CHICAGO AREA RESIDENTS WHO REQUIRE REPRESENTATION IN CIVIL LEGAL MATTERS. THE PROGRAM ALSO OFFERS PRO BONO REPRESENTATION, PANEL ATTORNEYS WHO PROVIDE LEGAL EDUCATION SEMINARS TO COMMUNITY GROUPS AND ATTORNEYS WHO SERVE AS A RESOURCE TO THE ORGANIZATION'S STAFF.

(Code) (Expenses \$ 24,688 including grants of \$) (Revenue \$)
 CIRCUIT RIDER- THIS ATTORNEY TRAVELS TO AND PROVIDES FREE LEGAL CONSULTATIONS IN IMPOVERISHED COMMUNITIES AROUND CHICAGO WHOSE NEEDS ARE OTHERWISE UNMET BY EXISTING LEGAL SERVICE PROVIDERS. THE CIRCUIT RIDER CURRENTLY HAS SITES IN LAWDALE AND WASHINGTON HEIGHTS. THESE COLLABORATIONS INURE TO THE BENEFIT OF THE COMMUNITY RESIDENTS AND HELP TO DEVELOP THE COMMUNITIES AS A WHOLE. ALTHOUGH THE THRUST OF THE PROJECT IS TO PROVIDE DIRECT LEGAL SERVICES TO CONSTITUENTS OF THESE COMMUNITY SITES, THE ORGANIZATION IS LEVERAGING ITS RELATIONSHIPS WITH THESE PARTNERS INTO AN OPPORTUNITY TO PROVIDE LEGAL EDUCATION AS WELL.

(Code) (Expenses \$ 6,138 including grants of \$) (Revenue \$ 20,080)
 LACD (LEGAL ADVOCATES FOR CONSUMERS IN DEBT) - ATTORNEY SUPERVISED DEBT MANAGEMENT PLAN THAT GIVES CLIENTS A CHANCE TO ELIMINATE THEIR UNSECURED DEBTS.

(Code) (Expenses \$ 167,510 including grants of \$) (Revenue \$)
 PARENTAGE AND CHILD SUPPORT PRO SE DESK - THE ORGANIZATION HAS ESTABLISHED AN ADVICE DESK AT THE RICHARD J. DALEY CENTER IN CHICAGO, ILLINOIS. THE DESK WILL HELP THOUSANDS OF PRO SE LITIGANTS ADDRESS PATERNITY, CHILD SUPPORT, AND RELATED ISSUES.

(Code) (Expenses \$ 73,196 including grants of \$) (Revenue \$)
 MUNICIPAL ADVICE DESK REFERRAL PROJECT- THE CLINIC PROVIDES AN ATTORNEY TO DO SUBSTANTIVE PRO BONO REPRESENTATION FOR REFERRALS FROM THE MUNICIPAL DIVISION ADVICE DESK OPERATED BY THE COORDINATED ADVICE AND REFERRAL PROGRAM FOR LEGAL SERVICES (CARPLS). THE CASES HANDLED INCLUDE LANDLORD/TENANT ISSUES, COLLECTION DEFENSE, TORT, AND CONTRACT MATTERS.

(Code) (Expenses \$ 130,360 including grants of \$) (Revenue \$)
 ENVIRONMENTAL LAW - FOCUSES ON NEIGHBORHOOD ENVIRONMENTAL PROBLEMS, OFFERING BOTH EDUCATION AND DIRECT SERVICES. IN ADDITION TO DIRECT LEGAL SERVICES, THIS PROGRAM CONDUCTS SEMINARS IN COOPERATION WITH COMMUNITY ORGANIZATIONS, AND PUBLISHES COMMUNITY ACCESSIBLE MANUALS.

(Code) (Expenses \$ 239,716 including grants of \$) (Revenue \$ 281,421)
 LASPD (LEGAL ADVOCATES FOR SENIORS AND PEOPLE WITH DISABILITIES) - THIS INITIATIVE, WHICH BEGAN IN 2005, HELPS SENIOR CITIZENS AND DISABLED PEOPLE ON A FIXED INCOME ELIMINATE THEIR DEBTS WITHOUT HAVING TO RESORT TO A BANKRUPTCY.

(Code) (Expenses \$ 137,758 including grants of \$) (Revenue \$)
 DOMESTIC VIOLENCE - THIS PROGRAM WAS CREATED TO EFFECTIVELY COMBAT THE NIGHTMARE OF DOMESTIC VIOLENCE THROUGH A COMPREHENSIVE APPROACH TO VICTIM ASSISTANCE. THE PROGRAM ALSO FOCUSES ON FORGING LINKAGES AMONG INTERDISCIPLINARY RESOURCES, INVOLVING LAWYERS, DOCTORS, SOCIAL WORKERS, LAW ENFORCEMENT OFFICIALS AND BATTERED WOMEN'S SHELTERS, AND HELPS PREVENT INSTANCES OF DOMESTIC VIOLENCE AND RESOLVE THE PROBLEMS ASSOCIATED WITH DOMESTIC VIOLENCE.

4d Other program services (Describe in Schedule O)
 (Expenses \$ 796,112 including grants of \$) (Revenue \$ 301,501)

4e Total program service expenses \$ 2,405,913

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		
20b			

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (26), 1b (26), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	21,152				
	b	Membership dues 1b					
	c	Fundraising events 1c	207,791				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	366,237				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	1,521,642				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶		2,116,822			
Program Service Revenue			Business Code				
	2a	CLIENT FEES	541100	442,293	442,293		
	b	LASPD PROGRAM FEES	541100	281,421	281,421		
	c	CONTRACT FOR SERVICE	541100	58,617	58,617		
	d	LACD PROGRAM REVENUES	541100	20,080	20,080		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		802,411				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		1,916		1,916	
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
		b	Gross rents				
		c	Less rental expenses				
		d	Net rental income or (loss) ▶				
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory	42,000			
		c	Less cost or other basis and sales expenses	42,344			
		d	Net gain or (loss) ▶	-344			-344
	8a	Gross income from fundraising events (not including \$ 207,791 of contributions reported on line 1c) See Part IV, line 18 a	36,947				
	b	Less direct expenses b	61,189				
	c	Net income or (loss) from fundraising events ▶		-24,242		-24,242	
	9a	Gross income from gaming activities See Part IV, line 19 a					
b	Less direct expenses b						
c	Net income or (loss) from gaming activities ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	541100	43,023	43,023			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		43,023				
12	Total revenue. See Instructions ▶		2,939,586	845,434	0	-22,670	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	25,000	25,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	160,128	100,881	32,026	27,221
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,621,812	1,574,908	40,165	6,739
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	171,942	161,922	7,574	2,446
10	Payroll taxes	147,151	138,256	5,733	3,162
11	Fees for services (non-employees)				
a	Management	94,194	82,177	8,335	3,682
b	Legal				
c	Accounting	39,249	37,368	979	902
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	155	100	55	
13	Office expenses	60,764	55,394	4,948	422
14	Information technology				
15	Royalties				
16	Occupancy	174,387	89,122	85,265	
17	Travel	32,867	32,572	115	180
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,186	44,967	1,938	1,281
23	Insurance	19,533	15,763	3,650	120
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BUILDING MAINTENANCE FE	26,989		26,989	
b	OTHER	24,851	15,997	8,854	
c	EQUIPMENT LEASE	14,417	12,127	2,100	190
d	EQUIPMENT REPAIRS AND M	9,247	8,669	578	
e					
f	All other expenses	11,025	10,690	335	
25	Total functional expenses. Add lines 1 through 24f	2,681,897	2,405,913	229,639	46,345
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	478,813	2	661,057
	3 Pledges and grants receivable, net	462,722	3	672,623
	4 Accounts receivable, net	33,967	4	28,300
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	46,190	9	70,305
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	991,716		
	b Less accumulated depreciation	257,465	10c	734,251
	11 Investments—publicly traded securities		11	42,800
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	650,310	15	870,912
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,446,786	16	3,080,248	
Liabilities	17 Accounts payable and accrued expenses	21,382	17	21,509
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	364,750	21	762,454
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	411,841	23	389,783
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	797,973	26	1,173,746
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,279,013	27	1,225,245
	28 Temporarily restricted net assets	369,800	28	681,257
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,648,813	33	1,906,502	
34 Total liabilities and net assets/fund balances	2,446,786	34	3,080,248	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,939,586
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,681,897
3	Revenue less expenses Subtract line 2 from line 1	3	257,689
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,648,813
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,906,502

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
CHICAGO LEGAL CLINIC INC

Employer identification number

36-3200465

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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 exempt 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).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,687,956	1,601,643	1,435,632	1,597,843	2,116,822	8,439,896
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,687,956	1,601,643	1,435,632	1,597,843	2,116,822	8,439,896
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,374,854
6 Public Support. Subtract line 5 from line 4						4,065,042

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,687,956	1,601,643	1,435,632	1,597,843	2,116,822	8,439,896
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,651	10,148	6,710	2,320	1,916	42,745
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	189,621	205,938	185,988	122,299	79,970	783,816
11 Total support (Add lines 7 through 10)						9,266,457
12 Gross receipts from related activities, etc (See instructions)					12	3,139,168

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	43.870 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	46.420 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization CHICAGO LEGAL CLINIC INC

Employer identification number 36-3200465

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	43,082	285,568	270,520	342,937	
b Contributions					
c Investment earnings or losses	1,503	8,820	15,048	-72,417	
d Grants or scholarships					
e Other expenditures for facilities and programs		251,306			
f Administrative expenses					
g End of year balance	44,585	43,082	285,568	270,520	

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 100.000 %
- b** Permanent endowment ▶
- c** Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		651,011	34,100	616,911
c Leasehold improvements				
d Equipment		243,420	179,124	64,296
e Other		97,285	44,241	53,044
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				734,251

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	CLIENTS' DEPOSITS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	BOARD DESIGNATED TO FUND FUTURE YEARS OPERATIONS IN PERIODS OF BUDGET SHORTFALLS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	GAAP ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED AND DISCLOSED IN THE CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAS NO MATERIAL UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE DISCLOSURE OR ADJUSTMENT AS OF JUNE 30, 2012 AND 2011 THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR 2008, 2009 AND 2010 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>AWARDS BANQUET</u> (event type)	(b) Event #2 <u>PRESIDENT'S MARATHON</u> (event type)	(c) Other Events <u>1</u> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	204,292	14,201	26,245	244,738
	2 Less Charitable contributions	181,192	14,201	12,398	207,791
	3 Gross income (line 1 minus line 2)	23,100		13,847	36,947
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	32,674		7,498	40,172
	8 Entertainment				
	9 Other direct expenses	13,178	440	7,399	21,017
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					( 61,189 )
11 Net income summary Combine lines 3 and 10 in column (d) ▶					-24,242

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					()
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a
b An outside facility	13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2011

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CHICAGO LEGAL CLINIC INC

Employer identification number 36-3200465

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: CHICAGO-KENT COLLEGE OF LAW, 36-2170136, 501(C)(3), 25,000, FURTHER KENT COLLEGE'S ENVIRONMENTAL LAW PROGRAM.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 MONTHLY FINANCIAL STATEMENTS ARE SUBMITTED BY CHICAGO LEGAL CLINIC TO KENT COLLEGE OF LAW REGARDING THE STATUS OF THE ENVIRONMENTAL LAW PROGRAM

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
CHICAGO LEGAL CLINIC INC

Employer identification number

36-3200465

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	11- FORM 990 WAS PROVIDED TO MANAGEMENT AND THE FISCAL COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW BEFORE IT WAS FILED AFTER THIS REVIEW, THE FORM 990 WAS SENT TO THE ENTIRE BOARD OF DIRECTORS ELECTRONICALLY THEN SUBSEQUENTLY FILED
	FORM 990, PART VI, SECTION B, LINE 12C	KEY MEMBERS OF MANAGEMENT AND BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY AND SIGN THE ANNUAL REPORTING AND DISCLOSURE SURVEY ON A YEARLY BASIS
	FORM 990, PART VI, SECTION B, LINE 15A	A SALARY SURVEY WAS COMPLETED TO ASSIST IN DETERMINING THE EXECUTIVE DIRECTOR'S COMPENSATION THE BOARD APPROVES THE BUDGET WHICH INCLUDES DETAILED BREAKOUT OF SALARY BY EMPLOYEE
	FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST
	FORM 990, PART XII, LINE 2C	THE FISCAL COMMITTEE AND BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CHICAGO LEGAL CLINIC INC

Employer identification number
36-3200465

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SERENEDEBT LLC 2938 EAST 91ST STREET CHICAGO, IL 60617 36-3200465	FOCUSES ON HELPING SENIOR CITIZENS AND DISABLED PEOPLE ELIMINATE THEIR DEBT	IL	281,421	66,297	CHICAGO LEGAL CLINIC INC

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CLCET INC 2938 E 91ST STREET CHICAGO, IL 60617 36-4138514	PROPERTY TITLE HOLDING COMPANY	IL	501(C)(2)		CHICAGO LEGAL CLINIC INC		No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p		No
1q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CLCET INC	J	86,635	CASH PROVIDED
(2) CLCET INC	O	26,989	CASH PROVIDED
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Schedule R (Form 990) 2011

Additional Data

Software ID:
Software Version:
EIN: 36-3200465
Name: CHICAGO LEGAL CLINIC INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 16,746 including grants of \$) (Revenue \$)
EDUCATIONAL SEMINARS- THE PROGRAM CONDUCTS FREE SEMINARS ON VARIOUS ASPECTS OF LAW, EDUCATING
INDIVIDUALS ON THEIR RIGHTS BEFORE PROBLEMS ARISE

(Code) (Expenses \$ 0 including grants of \$) (Revenue \$)
PRO BONO LEGAL SERVICES- THE PROGRAM ENLISTS THE SERVICES OF VOLUNTEER ATTORNEYS FOR LOW-INCOME CHICAGO
AREA RESIDENTS WHO REQUIRE REPRESENTATION IN CIVIL LEGAL MATTERS THE PROGRAM ALSO OFFERS PRO BONO
REPRESENTATION, PANEL ATTORNEYS WHO PROVIDE LEGAL EDUCATION SEMINARS TO COMMUNITY GROUPS AND
ATTORNEYS WHO SERVE AS A RESOURCE TO THE ORGANIZATION'S STAFF

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 24,688 including grants of \$) (Revenue \$)
CIRCUIT RIDER- THIS ATTORNEY TRAVELS TO AND PROVIDES FREE LEGAL CONSULTATIONS IN IMPOVERISHED COMMUNITIES AROUND CHICAGO WHOSE NEEDS ARE OTHERWISE UNMET BY EXISTING LEGAL SERVICE PROVIDERS THE CIRCUIT RIDER CURRENTLY HAS SITES IN LAWDALE AND WASHINGTON HEIGHTS THESE COLLABORATIONS INURE TO THE BENEFIT OF THE COMMUNITY RESIDENTS AND HELP TO DEVELOP THE COMMUNITIES AS A WHOLE ALTHOUGH THE THRUST OF THE PROJECT IS TO PROVIDE DIRECT LEGAL SERVICES TO CONSTITUENTS OF THESE COMMUNITY SITES, THE ORGANIZATION IS LEVERAGING ITS RELATIONSHIPS WITH THESE PARTNERS INTO AN OPPORTUNITY TO PROVIDE LEGAL EDUCATION AS WELL

(Code) (Expenses \$ 6,138 including grants of \$) (Revenue \$ 20,080)
LACD (LEGAL ADVOCATES FOR CONSUMERS IN DEBT) - ATTORNEY SUPERVISED DEBT MANAGMENT PLAN THAT GIVES CLIENTS A CHANCE TO ELIMINATE THEIR UNSECURED DEBTS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	167,510	) (Revenue \$
PARENTAGE AND CHILD SUPPORT PRO SE DESK - THE ORGANIZATION HAS ESTABLISHED AN ADVICE DESK AT THE RICHARD J DALEY CENTER IN CHICAGO, ILLINOIS THE DESK WILL HELP THOUSANDS OF PRO SE LITIGANTS ADDRESS PATERNITY, CHILD SUPPORT, AND RELATED ISSUES			
(Code	) (Expenses \$	73,196	) (Revenue \$
MUNICIPAL ADVICE DESK REFERRAL PROJECT- THE CLINIC PROVIDES AN ATTORNEY TO DO SUBSTANTIVE PRO BONO REPRESENTATION FOR REFERRALS FROM THE MUNICIPAL DIVISION ADVICE DESK OPERATED BY THE COORDINATED ADVICE AND REFERRAL PROGRAM FOR LEGAL SERVICES (CARPLS) THE CASES HANDLED INCLUDE LANDLORD/TENANT ISSUES, COLLECTION DEFENSE, TORT, AND CONTRACT MATTERS			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	130,360	including grants of \$) (Revenue \$)
ENVIRONMENTAL LAW - FOCUSES ON NEIGHBORHOOD ENVIRONMENTAL PROBLEMS, OFFERING BOTH EDUCATION AND DIRECT SERVICES IN ADDITION TO DIRECT LEGAL SERVICES, THIS PROGRAM CONDUCTS SEMINARS IN COOPERATION WITH COMMUNITY ORGANIZATIONS, AND PUBLISHES COMMUNITY ACCESSIBLE MANUALS			
(Code	) (Expenses \$	239,716	including grants of \$) (Revenue \$ 281,421)
LASPD (LEGAL ADVOCATES FOR SENIORS AND PEOPLE WITH DISABILITIES) - THIS INITIATIVE, WHICH BEGAN IN 2005, HELPS SENIOR CITIZENS AND DISABLED PEOPLE ON A FIXED INCOME ELIMINATE THEIR DEBTS WITHOUT HAVING TO RESORT TO A BANKRUPTCY			

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	137,758	including grants of \$ (Revenue \$)
DOMESTIC VIOLENCE - THIS PROGRAM WAS CREATED TO EFFECTIVELY COMBAT THE NIGHTMARE OF DOMESTIC VIOLENCE THROUGH A COMPREHENSIVE APPROACH TO VICTIM ASSISTANCE THE PROGRAM ALSO FOCUSES ON FORGING LINKAGES AMONG INTERDISCIPLINARY RESOURCES, INVOLVING LAWYERS, DOCTORS, SOCIAL WORKERS, LAW ENFORCEMENT OFFICIALS AND BATTERED WOMEN'S SHELTERS, AND HELPS PREVENT INSTANCES OF DOMESTIC VIOLENCE AND RESOLVE THE PROBLEMS ASSOCIATED WITH DOMESTIC VIOLENCE			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REV THOMAS J PAPROCKI PRESIDENT	1 20	X		X				0	0	0
REV MARK BRUMMEL CMF DIRECTOR	30	X						0	0	0
PAUL J BENETURSKI TREASURER	50	X		X				0	0	0
MARK A CHUDZINSKI DIRECTOR	30	X						0	0	0
CARRIE K HUFF VICE PRESIDENT	50	X		X				0	0	0
ANTHONY J ZIAK DIRECTOR	30	X						0	0	0
JESSE H RUIZ DIRECTOR	30	X						0	0	0
CASE HOOGENDOORN SECRETARY	50	X		X				0	0	0
KATHY POSNER DIRECTOR	1 00	X						0	0	0
KARINA AYALA-BERMEJO DIRECTOR	30	X						0	0	0
ROBYN R ROSS DIRECTOR	30	X						0	0	0
JUSTICE JOY V CUNNINGHAM DIRECTOR	30	X						0	0	0
DAVID L LAPORTE DIRECTOR	30	X						0	0	0
DARRYL M BRADFORD DIRECTOR	40	X						0	0	0
TRACY A O'FLAHERTY DIRECTOR	30	X						0	0	0
EDWARD JOHN VAN MERRIENBOER OP DIRECTOR	30	X						0	0	0
ANTHONY J AIELLO DIRECTOR	30	X						0	0	0
GEORGE JACKSON III DIRECTOR	1 00	X						0	0	0
PETE HASSEN DIRECTOR	30	X						0	0	0
SHARON HATCHETT DIRECTOR	30	X						0	0	0
JONATHAN BOHLEN DIRECTOR	30	X						0	0	0
TERANCE GONSALVES DIRECTOR	30	X						0	0	0
ARI SCHARG DIRECTOR	30	X						0	0	0
SHARON HWANG SECRETARY	30	X		X				0	0	0
RYAN K HARDING DIRECTOR	30	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM MAHONEY DIRECTOR	30	X						0	0	0
BRIAN WOLFE DIRECTOR	30	X						0	0	0
RICHARD A BOONSTRA DIRECTOR	30	X						0	0	0
ANDREW GROSS DIRECTOR	30	X						0	0	0
MICHAEL A LURIE DIRECTOR	30	X						0	0	0
REV DR ZAKI L ZAKI DIRECTOR	30	X						0	0	0
EDWARD GROSSMAN EXEC DIRECTOR	46 00			X				76,000	8,000	1,800
MARTA C BUKATA DEPUTY DIRECTOR	43 00			X				75,000	8,000	6,856