Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, or tax year period beginning 10/01 , 2000, and ending 9/30 , 2001

B Check if applicable
- ☐ Change of address
- ☐ Change of name
- ☐ Initial return
- ☐ Final return
- ☐ Amended return

Please use IRS label or print or type See Specific Instructions

C
THE FUND FOR JUSTICE
220 SOUTH STATE STREET #800
CHICAGO, IL 60604

D Employer identification number 23-7059214

E Telephone number 312-427-0701

F Check ▶ ☐ if application pending

G Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 527 OR ☐ 4947(a)(1)

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 900-EZ)**

J Accounting method ☒ Cash ☐ Accrual ☐ Other (specify) ▶

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

Note H and I are not applicable to section 527 orgs

H(a) Is this a group return filed 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 Enter 4-digit group exemption no (GEN) ▶

L Check this box if the organization is **not** required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

REVENUE

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	158,191		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	**Total** (add lines 1a through 1c) (cash $ 158,191 noncash $)			1d	158,191
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	14,500
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	12
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	

		(A) Securities		(B) Other		
8a	Gross amount from sales of assets other than inventory		8a			
b	Less cost or other basis and sales expenses		8b			
c	Gain or (loss) (attach schedule)		8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	

9	Special events and activities (attach schedule)				
a	Gross revenue (not including $ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	148
12	**Total revenue** (add lines 1d, 2, 3, 4, 5 6c 7 8d 9c, 10c, and 11)			12	172,851

EXPENSES

13	Program services (from line 44, column (B))	13	108,631
14	Management and general (from line 44, column (C))	14	58,767
15	Fundraising (from line 44, column (D))	15	10,003
16	Payments to affiliates (attach schedule)	16	
17	**Total expenses** (add lines 16 and 44, column (A))	17	177,401

NET ASSETS

18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-4,550
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,249
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	-27,210
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-24,511

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 20)

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	31,170	21,819	9,351	
26 Other salaries and wages	26	80,533	56,373	24,160	
27 Pension plan contributions	27				
28 Other employee benefits	28				
29 Payroll taxes	29	10,540	7,378	3,162	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	7,270	5,089	2,181	
34 Telephone	34	1,250	875	375	
35 Postage and shipping	35	3,056	2,139	917	
36 Occupancy	36	7,978	5,585	2,393	
37 Equipment rental and maintenance	37	659		659	
38 Printing and publications	38	3,694	2,586	1,108	
39 Travel	39	797	558	239	
40 Conferences, conventions, and meetings	40	100	70	30	
41 Interest	41	7,107		7,107	
42 Depreciation, depletion, etc (attach schedule)	42	564	395	169	
43 Other expenses (itemize) a STATEMENT 2	43a	22,683	5,764	6,916	10,003
b	43b				
c	43c				
d	43d				
e	43e				
44 **Total functional expenses** (add lines 22 thru 43) **Organizations completing columns (B)-(D), carry these totals to lines 13 - 15**	44	177,401	108,631	58,767	10,003

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ ______ , (ii) the amount allocated to Program services $ ______ , (iii) the amount allocated to Management and general $ ______ , and (iv) the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

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

	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
a SEE STATEMENT 4 (Grants and allocations $ 0)	108,631
b (Grants and allocations $)	
c (Grants and allocations $)	
d (Grants and allocations $)	
e Other program services (attach schedule) (Grants and allocations $)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	108,631

Part IV **Balance Sheets** (See Specific Instructions on page 23.)

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			7,249	45	2,912
	46 Savings and temporary cash investments				46	-322
	47a Accounts receivable	47a				
	b Less allowance for doubtful accounts	47b			47c	
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees (attach sch)				50	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use				52	
	53 Prepaid expenses and deferred charges				53	
	54 Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
	55a Investments - land, buildings, and equipment basis	55a				
	b Less accumulated depreciation (attach schedule)	55b			55c	
	56 Investments - other (attach schedule)				56	
	57a Land, buildings, and equipment basis	57a	2,821			
	b Less accumulated depreciation (attach schedule) STMT 5	57b	564		57c	2,257
	58 Other assets (describe ▶ SEE STATEMENT 6)				58	8,768
	59 **Total assets** (add lines 45 through 58) (must equal line 74)			7,249	59	13,615
LIABILITIES	60 Accounts payable and accrued expenses				60	
	61 Grants payable				61	
	62 Deferred revenue				62	
	63 Loans from officers, directors, trustees and key employees (attach schedule)				63	5,992
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	32,134
	65 Other liabilities (describe ▶)				65	
	66 **Total liabilities** (add lines 60 through 65)			0	66	38,126
NET ASSETS OR FUND BALANCES	**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted			7,249	67	-24,511
	68 Temporarily restricted				68	
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus or land building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
	73 **Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)			7,249	73	-24,511
	74 **Total liabilities and net assets/fund balances** (add lines 66 and 73)			7,249	74	13,615

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

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions page 25.)

a	Total revenue, gains, and other support per audited financial statements	a	190,031
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) SEE STM 7 $ 17,180		
	Add amounts on lines (1) through (4)	b	17,180
c	Line a minus line b	c	172,851
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	172,851

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

a	Total expenses and losses per audited financial statements	a	185,261
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) SEE STMT 8 $ 7,869		
	Add amounts on lines (1) through (4)	b	7,869
c	Line a minus line b	c	177,392
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) SEE STMT 9 $ 9		
	Add amounts on lines (1) and (2)	d	9
e	Total expenses per line 17, Form 990 (line c plus line d)	e	177,401

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 10		35,833	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule - see Specific Instructions on page 26 ☐ Yes ☒ No

Part VI Other Information (See Specific Instructions on page 26)

		Line	N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76			X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77			X
78 a	Did the organization have unrelated business gross income of $1 000 or more during the year covered by this return?	78a			X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79			X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies trustees, officers, etc , to any other exempt or nonexempt organization?	80a			X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt **OR** ☐ nonexempt				
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81 — 81a: 0				
b	Did the organization file **Form 1120-POL** for this year?	81b			X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a			X
b	If "Yes " you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III) — 82b: N/A				
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A	
85	501(c)(4), (5), or (6) organizations **a** Were substantially all dues nondeductible by members?	85a		N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b		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				
c	Dues, assessments, and similar amounts from members — 85c: N/A				
d	Section 162(e) lobbying and political expenditures — 85d: N/A				
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices — 85e: N/A				
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) — 85f: N/A				
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A	
86	501(c)(7) organizations Enter				
a	Initiation fees and capital contributions included on line 12 — 86a: N/A				
b	Gross receipts, included on line 12, for public use of club facilities — 86b: N/A				
87	501(c)(12) organizations Enter				
a	Gross income from members or shareholders — 87a: N/A				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) — 87b: N/A				
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 30 7701-3? If "Yes," complete Part IX	88			X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0				
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b			X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0				
d	Enter Amount of tax in 89c, above, reimbursed by the organization ▶ 0				
90 a	List the states with which a copy of this return is filed ▶ NONE				
b	Number of employees employed in the pay period that includes March 12, 2000 (See instructions) — 90b: 0				
91	The books are in care of ▶ MALCOLM RICH Telephone no ▶ 312-427-0711 Located at ▶ 220 S. STATE STREET, CHICAGO, IL ZIP code ▶ 60604				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041** - Check here N/A ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92: N/A				

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a CCL FEE FOR SERVICE					14,500
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments				12	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 *Gain/loss from sales of assets other than inventory*					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a PUBLICATION SALE					148
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				12	14,648

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 14,660

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	SEE STATEMENT 11

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here

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. (Important: See General Instruction W, on page 14.)

▶ [signature] Signature of officer | 6/19/02 Date | ▶ MALCOLM RICH EXECUTIVE DIRECTOR Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature], CPA | Date 6/20/02 | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN 357-46-9999

Firm's name (or yours if self-employed) and address, and ZIP code ▶ LERMAN, BOUDART & ASSOC., LLP, 118 SOUTH CLINTON, SUITE 550, CHICAGO, IL 60661 | EIN ▶ | Phone no ▶ (312) 201-8999

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2000

Name of the organization: THE FUND FOR JUSTICE

Employer identification number: 23-7059214

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

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

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

Total number of other employees paid over $50,000 ▶ 0

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

(See page 1 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
NONE		

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

Part III Statements About Activities

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?	1		X
	If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ N/A			
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
	If the answer to any question is "Yes," attach a detailed statement explaining the transactions			
3	Does the organization make grants for scholarships, fellowships, student loans, etc ?	3		X
4a	Do you have a section 403(b) annuity plan for your employees?	4a		X
b	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☒ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions–subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	115,795	26,395	38,533	31,549	212,272
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization s charitable, etc purpose	1,104	1,696	1,128	5,484	9,412
18 Gross income from interest dividends amounts received from payments on securities (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	369			1	370
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 sch Do not include gain or (loss) from sale of capital assets SEE ST 12	27,534				27,534
23 Total of lines 15 through 22	144,802	28,091	39,661	37,034	249,588
24 Line 23 minus line 17	143,698	26,395	38,533	31,550	240,176
25 Enter 1% of line 23	1,448	281	397	370	

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

b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a government unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts ▶ 26b

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

d Add Amounts from column (e) for lines 18 ______ 19 ______ 22 ______ 26b ______ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

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

27 **Organizations described on line 12** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person " Enter the sum of such amounts for each year

(1999) 0 (1998) 0 (1997) 0 (1996) 0

b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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) After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of all these differences (the excess amounts) for each year

(1999) 0 (1998) 0 (1997) 0 (1996) 0

c Add Amounts from column (e) for lines 15 212,272 16 ______ 17 9,412 20 ______ 21 ______ ▶ 27c 221,684

d Add Line 27a total 0 and line 27b total 0 ▶ 27d 0

e Public support (line 27c total minus line 27d total) ▶ 27e 221,684

f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) ▶ 27f 249,588

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g 88.82%

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h 0.15%

28 **Unusual Grants** For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)

Part V **Private School Questionnaire** (See page 5 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 7 of the instructions) N/A
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check here ▶ a ☐ if the organization belongs to an affiliated group
Check here ▶ b ☐ if you checked "a" above 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 -	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

If the amount on line 40 is -	**The lobbying nontaxable amount is -**
Not over $500,000	20% of the amount on line 40
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000 000 but not over $1,500 000	$175 000 plus 10% of the excess over $1 000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2000	**(b)** 1999	**(c)** 1998	**(d)** 1997	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 page 9 of the instructions) N/A

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

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions.)

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

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

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

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

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	**Schedule of Contributors** Supplementary information for line 1d of Form 990 or line 1 of Form 990-EZ (see instructions)	OMB No 1545-0047 **2000**

Name of organization	Employer identification number
THE FUND FOR JUSTICE	23-7059214

Organization type (check one) - Section ☒ 501(c)(3) ◀ (enter number), ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations - Check this box if the organization had no charitable contributors who contributed more than $1,000 during the year (But see **General rule** below) ▶ ☐

Enter here the total gifts received during the year for a religious, charitable, etc , purpose ▶ $

Note: This form is generally not open to public inspection except for section 527 organizations

Name of organization	Employer identification number
THE FUND FOR JUSTICE	23-7059214

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		$	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
		$	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
		$	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
		$	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
		$	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)
		$	Individual ☐ Payroll ☐ Noncash ☐ (Complete Part II if a noncash contribution)

Name of organization: THE FUND FOR JUSTICE

Employer identification number: 23-7059214

Part II Noncash Property

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
		$	
		$	
		$	
		$	
		$	

Name of organization: THE FUND FOR JUSTICE

Employer identification number: 23-7059214

Part III Section 501(c)(7), (8), or (10) organizations that received more than $1,000 in charitable gifts during the year-

- Enter the total gifts that were from contributors who gave $1,000 or less during the year for a religious, charitable, etc purpose (see instructions) ▶ $

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and zip code	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and zip code	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and zip code	Relationship of transferor to transferee

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and zip code	Relationship of transferor to transferee

STATEMENT 1
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

INSTALLMENT NOTE & ACCOUNTING ERROR	$ -27,210
TOTAL	$ -27,210

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

OTHER EXPENSES	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BANK & CREDIT CARD FEES	$ 1,661		1,661	
CONSULTING FEES	1,075	1,075		
DUES & SUBSCRIPTIONS	490		490	
FUNDRAISING COSTS-PALMER HOUSE	10,003			10,003
INSURANCE	4,205	2,944	1,261	
INTERNET SERVICE	1,792	1,254	538	
MEALS	633		633	
MISCELLANEOUS	703	491	212	
REPAIRS & MAINTENANCE	2,121		2,121	
TOTAL	$ 22,683	5,764	6,916	10,003

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

TO SERVE AS A MULTI-DISCIPLINARY RESEARCH AND ADVOCACY ORGANIZATION SEEKING A FAIR AND EFFECTIVE JUSTICE SYSTEM.

STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
GOVERNMENT EFFECTIVENESS PROGRAM - CHILD SUPPORT PROGRAM ACHIEVEMENTS: REPRESENTED MORE THAN 50 FAMILIES HAVING PROBLEMS WITH THE ILLINOIS CHILD SUPPORT COLLECTION AND ENFORCEMENT SYSTEM. CONDUCTED COMPRHENSIVE RESEARCH PROGRAM DESIGNED TO IDENTIFY THE WEAKNESSES OF THE ILLINOIS CHILD SUPPORT COLLECTION AND ENFORCEMENT SYSTEM.	$ 0	57,341

STATEMENT 4 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
LAW AND SOCIAL JUSTICE PROGRAM - JUDICIAL CAMPAIGN FINANCE REFORM PROJECT ACHIEVEMENTS: COMPRHENSIVE DATA COLLECTION AND RESEARCH PROJECT LOOKING AT HOW JUDGES ARE ELECTED IN COOK COUNTY.	$ 0	23,048
COMMUNITY PUBLICATIONS PROGRAM ACHIEVEMENTS: ONGOING EFFORT TO COMPLETE HANDBOOKS ON 1) TENANT/LANDLORD RIGHTS AND OBLIGATIONS; 2) RIGHTS AND OBLIGATIONS OF DEBTORS, CREDITORS AND EMPLOYERS WHEN WAGES ARE GARNISHED; 3) DIRECTOR OF FREE AND LOW COST LEGAL SERVICES IN THE CHICAGO METRO AREA.	0	28,242
	$ 0	108,631

STATEMENT 5
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

ASSET	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	$ 2,821	564	2,257
TOTAL	$ 2,821	564	2,257

STATEMENT 6
FORM 990, PART IV, LINE 58
OTHER ASSETS

	ENDING
DUE FROM CHICAGO COUNCIL OF LAWYERS	$ 8,768
TOTAL	$ 8,768

STATEMENT 7
FORM 990, PART IV-A, LINE B(4)
OTHER AMOUNTS

GRANTS RECEIVABLE	$ 6,000
MEMBERSHIP DUES RECEIVABLE	11,180
TOTAL	$ 17,180

STATEMENT 8
FORM 990, PART IV-B, LINE B(4)
OTHER AMOUNTS

INTERNET SERVICE EXPENSES	$	236
OFFICE SUPPLIES & EXPENSE		276
PAYROLL TAXES		410
PRINTING & REPRODUCTION		715
RENT		734
TELEPHONE		436
WAGES & SALARIES		5,062
TOTAL	$	7,869

STATEMENT 9
FORM 990, PART IV-B, LINE D(2)
OTHER AMOUNTS

INSURANCE	$	9
TOTAL	$	9

STATEMENT 10
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
MALCOLM RICH 220 S. STATE STREET CHICAGO, IL 60604	EXECUTIVE DIREC 25	$ 35,833	0	0
THOMAS R. MEITES 208 S. LASALLE STREET SUITE 1410, IL 60604	PRESIDENT 1	0	0	0
CHARLES F. SMITH 333 W. WACKER DRIVE CHICAGO, IL 60606	VICE PRESIDENT 1	0	0	0
JAMES D. WASCHER 50 W. WASHINGTON CHICAGO, IL 60601	TREASURER 1	0	0	0
THOMAS H. GEOGHEGAN 77 W. WASHINGTON CHICAGO, IL 60602	BOARD MEMBER 1	0	0	0

STATEMENT 10 (CONTINUED)
FORM 990, PART V
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE & AVG. HRS/WK DEVOTED	COMP.	EMPLOYEE BEN. PLN CONTRIB.	EXPENSE ACCOUNT/ OTHER
JOAN MORRISON 50 W. WASHINGTON STREET CHICAGO, IL 60601	BOARD MEMBER 2	$ 0	0	0
BROOKE R. WHITTED 3000 DUNDEE ROAD NORTHBROOK, IL 600602	BOARD MEMBER 1	0	0	0
ADA SKYLES 1313 E. 60TH STREET CHICAGO, IL 60637	BOARD MEMBER 2	0	0	0
ROBERT L. GRAHAM ONE IBM PLAZA CHICAGO, IL 60611	BOARD MEMBER 1	0	0	0
ELIZABETH SHUMAN-MOORE 100 N. LASALLE STREET CHICAGO, IL 60602	BOARD MEMBER 1	0	0	0
MINDY TROSSMAN 680 N. LAKESHORE DRIVE CHICAGO, IL 60611	BOARD MEMBER 1	0	0	0
RICHARD A. SLOAN 203 N. LASALLE STREET CHICAGO, IL 60601	BOARD MEMBER 1	0	0	0
ELLEN C. CRAIG 2970 N. LAKESHORE DRIVE CHICAGO, IL 60657	BOARD MEMBER 1	0	0	0
JOHN P. HEINZ 750 N. LAKESHORE DRIVE CHICAGO, IL 60611	BOARD MEMBER 2	0	0	0
IRIS K. SIMS 1108 N. ELMWOOD OAK PARK, IL 60302	BOARD MEMBER 1	0	0	0
	TOTAL	$ 35,833	0	0

STATEMENT 11
FORM 990, PART VIII
RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93,95	FUNDS WERE USED TO PROMOTE THE ORGANIZATION'S TAX EXEMPT PURPOSE OF PROMOTING THE FAIR AND EFFECTIVE ADMINISTRATION OF JUSTICE THROUGH RESEARCH AND EDUCATION.
103	FUNDS WERE USED TO PROMOTE THE ORGANIZATION'S TAX EXEMPT PURPOSE OF PROMOTING THE FAIR AND EFFECTIVE ADMINISTRATION OF JUSTICE THROUGH RESEARCH AND EDUCATION.

STATEMENT 12
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 1999	(B) 1998	(C) 1997	(D) 1996	(E) TOTAL
	$ 27,534	$ 0	$ 0	$ 0	$ 27,534
TOTAL	$ 27,534	$ 0	$ 0	$ 0	$ 27,534

Form **8868** (December 2000)

Department of the Treasury Internal Revenue Service

Application for Extension of Time to File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

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

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

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

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

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

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization THE FUND FOR JUSTICE	Employer Identification Number 23-7059214
	Number Street and Room or Suite Number If a P O Box see instructions 220 SOUTH STATE STREET #800	
	City Town or Post Office For a foreign address see instructions State ZIP Code CHICAGO, IL 60604	

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

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

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

1 I request an automatic 3-month (6-month for **990-T corporation**) extension of time until 5/15, 20 02 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year 20 ____ or

▶ [X] tax year beginning 10/01 20 00 and ending 9/30 20 01

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

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

Signature and Verification

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 and that I am authorized to prepare this form

Signature ▶ Title ▶ CPA Date ▶ 2/14/02

KFA For Paperwork Reduction Act Notice, see instructions Form 8868 (12-2000)

FIFZ0501L 12/26/00