



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2001

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning 2001, and ending

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization BUSINESS AND PROFESSIONAL PEOPLE FOR THE PUBLIC INTEREST, INC. Number and street (or P O box if mail is not delivered to street address) Room/suite 25 E. WASHINGTON STREET City or town, state or country, and ZIP + 4 CHICAGO, IL 60602

D Employer identification number 36-2675852 E Telephone number (312) 641-5570 F Accounting method: Cash [] Accrual [X] Other (specify)

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

H and I are not applicable to section 527 organizations.

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

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

H(c) Are all affiliates included? Yes [] No [X] (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 [X]

I Enter 4-digit GEN

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

G Website

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

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 1,634,304.

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

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 1,574,788. Total expenses: 1,862,383. Net assets at end of year: 2,839,057.

SCANNED OCT 03 '02

RECEIVED OCT 17 2001 U.S. DEPT. OF TREASURY OGDEN, UT

Handwritten initials and numbers: 914, 72

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 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc	146,000.	55,810.	44,010.	46,180.
26 Other salaries and wages	764,730.	519,209.	177,784.	67,737.
27 Pension plan contributions				
28 Other employee benefits	121,602.	76,778.	29,614.	15,210.
29 Payroll taxes	70,256.	44,358.	17,110.	8,788.
30 Professional fundraising fees				
31 Accounting fees	13,634.		13,634.	
32 Legal fees				
33 Supplies				
34 Telephone	12,871.	8,118.	3,168.	1,585.
35 Postage and shipping	15,166.	7,816.	5,952.	1,398.
36 Occupancy	120,314.	75,964.	29,301.	15,049.
37 Equipment rental and maintenance				
38 Printing and publications	13,491.	8,341.	3,699.	1,451.
39 Travel	15,053.	12,009.	3,044.	
40 Conferences, conventions, and meetings	153,330.	145,721.	7,117.	492.
41 Interest				
42 Depreciation, depletion, etc (attach schedule)	41,186.	26,004.	10,030.	5,152.
43 Other expenses not covered above (itemize) STMT 7	374,750.	309,109.	58,010.	7,631.
b				
c				
d				
e				
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	1,862,383.	1,289,237.	402,473.	170,673.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? **STMT 8**

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 LEGAL ASSISTANCE (FOOTNOTES AND DESCRIPTION OF PROGRAMS AT STATEMENT 16 ATTACHED)	
(Grants and allocations \$ _____)	1,289,237.
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)	1,289,237.

Part IV Balance Sheets (See Specific Instructions on page 24)

Note <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	600,709.	45	627,394.
	46 Savings and temporary cash investments		46	
	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	475,223.	49	447,500.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		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) STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,074,363.	54	1,722,931.
	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	211,950.		
b Less accumulated depreciation (attach schedule)	57b	112,064.	57c	
58 Other assets (describe <input type="checkbox"/> STMT 10)	137,270.	58	99,886.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,167,106.	59	77,912.	
60 Accounts payable and accrued expenses	3,454,671.	60	2,975,623.	
61 Grants payable	8,333.	61	30,815.	
62 Deferred revenue		62		
63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
64a Tax-exempt bond liabilities (attach schedule)		64a		
b Mortgages and other notes payable (attach schedule)		64b		
65 Other liabilities (describe <input type="checkbox"/> STMT 11)	253,776.	65	105,751.	
66 Total liabilities (add lines 60 through 65)	262,109.	66	136,566.	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67 Unrestricted	2,600,496.	67	2,274,340.	
68 Temporarily restricted	454,658.	68	427,309.	
69 Permanently restricted	137,408.	69	137,408.	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70 Capital stock, trust principal, or current funds		70		
71 Paid-in or capital surplus, or land, building, and equipment fund		71		
72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, and column (B) must equal line 21)	3,192,562.	73	2,839,057.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,454,671.	74	2,975,623.	

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

Part VI Other Information (See Specific Instructions on page 27)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80 b If "Yes," enter the name of the organization
81 a Enter direct or indirect political expenditure See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
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?
82 b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?
85 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?
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs Enter a Gross income from members or shareholders
87 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911
89 b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)
91 The books are in care of
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a MISCELLANEOUS					28,316.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	74,781.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	31,356.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	693.	
100 Gain or (loss) from sales of assets other than inventory			18	29,771.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				136,601.	28,316.
105 Total (add line 104, columns (B), (D), and (E))					164,917.

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 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	INCLUDES HONORARIUMS RECEIVED BY BPI PERSONNEL FOR SPEAKING

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

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

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

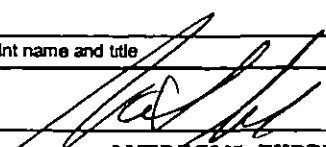
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature:  Date: 2/20/02

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Inst. V): 41-1795707

Firm's name (or yours if self-employed): AMERICAN EXPRESS TAX & BUS. SER. INC

Address and ZIP + 4: ONE SOUTH WACKER CHICAGO, IL 60606-3392

Phone no: 312-634-3400

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

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

Name of the organization **BUSINESS AND PROFESSIONAL PEOPLE FOR THE PUBLIC INTEREST, INC.** Employer identification number **36-2675852**

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
<u>JO PATTON</u> 25 EAST WASHINGTON	ATTORNEY FULL-TIME	56,000.	10,552.	NONE
<u>ADAM E. GROSS</u> 25 EAST WASHINGTON	ATTORNEY FULL-TIME	52,000.	9,556.	NONE
<u>ALEXANDER POLIKOFF</u> 25 EAST WASHINGTON STREET	ATTORNEY PART-TIME	75,000.	11,141.	NONE
<u>ROBERT JONES, JR.</u> 25 EAST WASHINGTON	ATTORNEY FULL-TIME	70,000.	9,920.	NONE
Total number of other employees paid over \$50,000 ▶ NONE				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>NONE</u>		
Total number of others receiving over \$50,000 for professional services ▶ NONE		

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>4,726</u> . (Must equal amount on line 38, Part VI-A, or line I or Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	X	
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X

Note: 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

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

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

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

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

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support-Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,253,991	1,441,221	1,026,737	817,221	4,539,170
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	1,019,996	2,941	1,168,437	224,094	2,415,468
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	116,299	89,294	62,471	56,339	324,403
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets				5,234	5,234
23 Total of lines 15 through 22	2,390,286	1,533,456	2,257,645	1,102,888	7,284,275
24 Line 23 minus line 17	1,370,290	1,530,515	1,089,208	878,794	4,868,807
25 Enter 1% of line 23	23,903	15,335	22,576	11,029	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24 ▶ 26a				97,376
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts ▶ 26b					1,328,616
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c					4,868,807
d Add Amounts from column (e) for lines 18 <u>324,403</u> , 19 <u>324,403</u> , 22 <u>5,234</u> , 26b <u>1,328,616</u> ▶ 26d					1,658,253
e Public support (line 26c minus line 26d total) ▶ 26e					3,210,554
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f					65.9413 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year (2000) _____ (1999) _____ (1998) <u>NOT APPLICABLE</u> (1997) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2000) _____ (1999) _____ (1998) _____ (1997) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c					
d Add Line 27a total _____ and line 27b total _____ ▶ 27d					
e Public support (line 27c total minus line 27d total) ▶ 27e					
f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ 27g					%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ 27h					%
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check a if the organization belongs to an affiliated group
 Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - 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	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	

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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 12 of the instructions)

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (include compensation in expenses reported on lines c through h)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body STMT 15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4,726.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Total lobbying expenditures (add lines c through h)			4,726.

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

Schedule of Contributors

2001

Supplementary Information for
 line 1 of Form 990, 990-EZ and 990-PF (see instructions)

Name of organization

Employer identification number

BUSINESS AND PROFESSIONAL PEOPLE FOR

36-2675852

Organization type (check one)

Filers of

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note. Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution: Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

BUSINESS AND PROFESSIONAL PEOPLE FOR

36-2675852

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		<u>140,175.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		<u>375,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		<u>50,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		<u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		<u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		<u>47,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

BUSINESS AND PROFESSIONAL PEOPLE FOR

36-2675852

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<p>TOTAL OTHER CONTRIBUTIONS RECEIVED</p> <hr/> <p>LESS THAN 2% OF THE TOTAL CONTRIBUT</p> <hr/>	<p style="text-align: right;">647,196.</p>	<p>Person <input checked="" type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution)</p>
	<hr/> <hr/> <hr/>	<hr/>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution)</p>
	<hr/> <hr/> <hr/>	<hr/>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution)</p>
	<hr/> <hr/> <hr/>	<hr/>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution)</p>
	<hr/> <hr/> <hr/>	<hr/>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution)</p>
	<hr/> <hr/> <hr/>	<hr/>	<p>Person <input type="checkbox"/></p> <p>Payroll <input type="checkbox"/></p> <p>Noncash <input type="checkbox"/></p> <p>(Complete Part II if there is a noncash contribution)</p>

FORM 990, PART I - LIST OF CONTRIBUTORS
 =====
 (NOT OPEN TO PUBLIC INSPECTION)

NAME AND ADDRESS -----	DATE ----	DIRECT PUBLIC SUPPORT -----
		140,175.
		375,000.
		50,500.
		50,000.
		100,000.
		47,000.
		647,196.

		1,409,871.
		=====

TOTAL CONTRIBUTION AMOUNTS

FORM 990, PART I - OTHER INVESTMENT INCOME

=====

DESCRIPTION

AMOUNT

CASH SURRENDER VALUE INCREASE

693.

TOTAL

693.

=====

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION

AMOUNT

LAW DAY EVENT

171,171.

TOTAL

171,171.

=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES
LAW DAY EVENT	59,516.	59,516.
TOTALS	59,516.	59,516.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

65,910.

TOTAL

65,910.

=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
GENERAL INSURANCE	5,526.	3,489.	1,346.	691.
CONSULTING	206,378.	205,689.	689.	
MEMBERSHIP FEES	4,311.	1,141.	2,715.	455.
OUTSIDE SERVICES	65,784.	33,458.	31,428.	898.
OFFICE EXPENSE	36,168.	18,836.	11,745.	5,587.
MANAGEMENT FEES	46,175.	46,175.		
MISCELLANEOUS	10,408.	321.	10,087.	
TOTALS	374,750.	309,109.	58,010.	7,631.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

BPI'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE LEGAL ASSISTANCE TO COMBAT
COMMUNITY DETERIORATION.

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
EQUITY MUTUAL FUNDS	663,610.	574,150.
U.S. GOV. AGENCY BONDS	402,892.	492,673.
COMMON STOCKS	7,861.	656,108.
	-----	-----
TOTALS	1,074,363.	1,722,931.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
-----	-----	-----
COURT AWARD RECEIVABLE	1,024,238.	NONE
UNEXPIRED INSURANCE	2,486.	3,894.
MISCELLANEOUS RECEIVABLE	54,328.	23,932.
SECURITY DEPOSIT	50,130.	20,572.
CSV OFFICERS' LIFE INSURANCE	25,798.	26,491.
OTHER	9,326.	723.
LAW DAY RECEIVABLE	800.	2,300.
TOTALS	----- 1,167,106.	----- 77,912.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES
 =====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
FUNDS HELD FOR THE ACCOUNT OF OTHERS	225,411.	85,560.
PAYMENTS TO CO-GRANTEES	28,365.	20,191.
	-----	-----
TOTALS	253,776.	105,751.
	=====	=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES
 =====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARISSA MANOS 25 EAST WASHINGTON STREET CHICAGO, IL 60602	OFFICE MGR FULL-TIME	46,000.	4,779.	NONE
E. HOY MCCONNELL, II 25 EAST WASHINGTON STREET CHICAGO, IL 60602	EXECUTIVE FULL-TIME	100,000.	5,520.	NONE
ALL OTHERS (SEE ATTACHED LIST) 25 EAST WASHINGTON STREET CHICAGO, IL 60602	PART TIME	NONE	NONE	NONE
GRAND TOTALS		146,000.	10,299.	NONE

OFFICERS

President
William H. Farley, Jr.

Vice Presidents
Steven A. Kersten
Ann E. Smith
Robert M. Weissbourd

Secretary
Camilla Hawk Diaz-Perez

Assistant Secretary
Marissa Manos

Treasurer
Paul A. Levy

Executive Director
E. Hoy McConnell, II

ADVISORY BOARD

Donald Dann
Ronald Gzywinski
Harriet Hausman
Ellior Lehman
John McKnight
Michael Schwarzwaldner
Rayman Solomon
Dora Williams (*Deceased 3.19.02*)

PAST PRESIDENTS

Gordon B. Sherman
Ellior Lehman
Robert B. Lifton
James W. Ashley
Alan Saks
E. Hoy McConnell, II
Bettylu K. Saltzman

FOUNDER

Gordon B. Sherman
(1927 - 1987)

DIRECTORS

James M. Alter
Lucy B. Ascoli
Frederick W. Asley
Sheldon L. Baskin
Henry C. Binford
Barbara T. Bowman
Douglass W. Cassel, Jr.
Leon M. Despres
Edward F. Dobbins, Jr.
Harriet Wilson Ellis
Judy Gaynor
William Geller
Eric Gershenson
Judith A. Gold
Sherry B. Goodman
Frances R. Grossman
Deborah Harrington
Marc Hilton
Iris Krieg
Susan B. Larson
Robert B. Lifton
Ralph M. Martire
E. Hoy McConnell, II
George R. McCoy
Zelbedee McLaurin
Christopher Meister
Dawn Clark Netsch
Alexander Polikoff
Lowell Sachnoff
Alan Saks
Bettylu K. Saltzman
Bradley S. Schneider
Lisa T. Scruggs
Michael Spock
Leslie A. Stullberg
Sanjay Tailor
Anton R. Valukas
Judy Wise
Timothy W. Wright III

BPI STAFF

Staff Counsel
Julie Elena Brown
Adam E. Gross
Robert L. Jones, Jr.
Alexander Polikoff
Lauren Raphael

Program Staff
Zoe Mikva
Cindy S. Moelis
D. Jo Patton
Anka Twum-Baah

Director of Development
Ellen Elias

Polikoff-Gautreaux Fellows
Nicholas J. Brunick
Beth C. Valukas

Skadden Fellow
Mary E. Anderson

Administrative Staff
Angela L. Dear
Eva Driekonski
Deborah Johnson
Paula Kruger
Marissa Manos
Daniel Nita
Chidebe Okoye
Mary Rice

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE PART V, FORM 990.

SCH. A, PART IV-A - ORGANIZATIONS DESCRIBED IN PART IV, BOX 10 OR 11
 (NOT OPEN TO PUBLIC INSPECTION)

CONTRIBUTOR NAME	TOTAL CONTRIBUTION	MINUS 2% OF LINE 24	EXCESS CONTRIBUTION AMOUNT
	200,000.	97,376.	102,624.
	125,000.	97,376.	27,624.
	680,000.	97,376.	582,624.
	415,000.	97,376.	317,624.
	300,000.	97,376.	202,624.
	160,000.	97,376.	62,624.
	125,000.	97,376.	27,624.
	100,000.	97,376.	2,624.
	100,000.	97,376.	2,624.
TOTAL	2,205,000.		1,328,616.

SCHEDULE A, PART VI-B - DIRECT CONTACT WITH LEGISLATORS

=====

CONTACT WITH LEGISLATIVE BODIES REGARDING LEGISLATION.

FEDERAL FOOTNOTES

=====

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LITIGATION:

GAUTREUX - TO ENFORCE LAWS DESIGNED TO ESTABLISH PUBLIC HOUSING IN ALL AREAS.

OTHER PROGRAMS:

RACIAL DIVERSITY - TO WORK WITH FAIR HOUSING ORGANIZATIONS AND MUNICIPAL GOVERNMENTS TO HELP ACHIEVE LONG TERM RACIAL DIVERSITY.

HOUSING/COMMUNITY DEVELOPMENT - TO TRANSFORM PUBLIC HOUSING DOMINATED NEIGHBORHOODS INTO WELL-WORKING MIXED INCOME COMMUNITIES.

SMALL SCHOOLS - TO PROMOTE SMALL SCHOOLS AS A PROMISING APPROACH TO URBAN EDUCATION.

REGIONAL AFFORDABLE HOUSING - TO INCREASE THE SUPPLY OF BROADLY DISPERSED AFFORDABLE HOUSING THROUGHOUT THE CHICAGO REGION.

SAFER PEST CONTROL - TO DEVELOP PROGRAMS THAT SUPPORT PESTICIDE USE REDUCTION, AND ENCOURAGE ADOPTION OF INTEGRATED PESTICIDE MANAGEMENT POLICIES.

SCHOOL DESIGN COMPETITION - A NATIONAL ARCHITECTURAL DESIGN COMPETITION FOR TWO NEW CHICAGO PUBLIC SCHOOLS ACCOMIDATING SMALL SCHOOLS AND UNIVERSAL ACCESS.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

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

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

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

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

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

Type or print	Name of Exempt Organization BUSINESS AND PROFESSIONAL PEOPLE FOR THE PUBLIC INTEREST, INC.	Employer Identification number 36-2675852
	Number, street, and room or suite no If a P O box, see instructions 25 E. WASHINGTON STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions CHICAGO, IL 60602	

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

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

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

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/15/2002 to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ calendar year 2001 or

▶ tax year beginning _____, and ending _____

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

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

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

c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____

Signature and Verification

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

Signature David Fein Title ▶ CPA Date ▶ 8-15-02

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

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

Part II Additional (not automatic) 3-Month Extension of Time — Must File Original and One Copy.		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization	Employer Identification number
	BUSINESS AND PROFESSIONAL PEOPLE FOR THE PUBLIC INTEREST, INC.	36-2675852
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	25 E. WASHINGTON STREET	
	City town or post office, state and ZIP code For a foreign address, see instructions	
	CHICAGO, IL 60602	

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

Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A Form 5227 Form 8870

Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069

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

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

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

4 I request an additional 3-month extension of time until NOVEMBER 15, 2002

5 For calendar year 2001, or other tax year beginning _____, 20__ and ending _____, 20__

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

7 State in detail why you need the extension INFORMATION NEEDED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.

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

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

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

Signature and Verification

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

Signature *Danny A. [Signature]* Title CPA Date 08/06/2002

Notice to Applicant — To Be Completed by the IRS

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

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

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

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

Other _____

E. Tony H. Cornell II By Executive Director Date 9/11/02

Director _____ Date _____

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

Type or print	Name
	AMERICAN EXPRESS TAX & BUS. SER. INC
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	ONE SOUTH WACKER, SUITE 800
	City or town, province or state, and country (including postal or ZIP code)
	CHICAGO, IL 60606-3392