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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2004

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning July 1, 2004, and ending JUNE 30, 2005

B Check if applicable:

Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type. See Specific instructions.

C Name of organization
CENTRO SIN FRONTERAS

Number and street (or P.O. box if mail is not delivered to street address), Room/suite
4811 W ARMITGE

City or town, state or country, and ZIP + 4
CHICAGO IL 60639-322116

D Employer identification number
36-3537141

E Telephone number
()

F Accounting method: Cash Accrual
 Other (specify) 03

G Website:

H and **I** are not applicable to section 527 organizations.

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

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

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

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

I Group Exemption Number

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12

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

Part III Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	69,412.10		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	131,010.26		
d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		200,422.36	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		1339.00	
3	Membership dues and assessments	3		0	
4	Interest on savings and temporary cash investments	4		0	
5	Dividends and interest from securities	5		0	
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		0	
7	Other investment income (describe <u></u>)	7		0	
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	75,929.05	
b	Less: cost or other basis and sales expenses	(B) Other	8b	0	
c	Gain or (loss) (attach schedule)	8c	75,929.05		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		75,929.05	
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
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		0	
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		0	
11	Other revenue (from Part VII, line 103)	11		0	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		277,690.41	
13	Program services (from line 44, column (B))	13		253924.	
14	Management and general (from line 44, column (C))	14		14588	
15	Fundraising (from line 44, column (D))	15		4135	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 13 and 14, column (A))	17		274147	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		3543.41	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		5858.41	

SCANNED OCT 18 2006

MISSILE REP SEP 25 2006

SCANNED AUG 15 2006

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 page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 69495	62199	5559	1737
26	Other salaries and wages	26 90660	86891	2719	1050
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 18600	16615	1489	496
30	Professional fundraising fees	30 90	0	90	0
31	Accounting fees	31			
32	Legal fees	32 27112	27112	0	0
33	Supplies	33 900	700	200	0
34	Telephone	34 3822	1643	984	197
35	Postage and shipping	35 1308	716	222	370
36	Occupancy	36 31404	28107	2512	785
37	Equipment rental and maintenance	37 3249	3249	0	0
38	Printing and publications	38 3716	3716	0	0
39	Travel	39 13079	13079	0	0
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize): a	43a			
b	BUILDING REPAIR & MAINTENANCE	43b 10710	9897	813	0
c		43c			
d		43d			
e		43e			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 274147	253924	14588	4635

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 page 25 of the instructions.)

What is the organization's primary exempt purpose? <input type="checkbox"/>	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others)
a CITIZEN WORKSHOPS WHICH SERVED OVER 3,200 PEOPLE BY ASSISTING THEM IN FILLING OUT AND FILING CITIZENSHIP APPLICATIONS AND IN TEST PREPARATION AND ESL CLASSES	157,962
b LEGAL ASSISTANCE TO IMMIGRANTS IN ADJUSTING THEIR IMMIGRATION AND CITIZENSHIP STATUS FOR OVER 650 PEOPLE	29112
c HEALTH EDUCATION, SCREENING REFERRAL AND FOLLOW UP FOR BREAST, CERVICAL, PROSTATE CANCER AND FOR OBESITY. SERVED OVER 1800 PEOPLE	62,761
d YOUTH ACTIVITY AND AFTER SCHOOL ACTIVITIES SERVING 540 ADOLESCENTS	4,089
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	253924

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash—non-interest-bearing	2315	7159
	46 Savings and temporary cash investments		
	47a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	47c
	48a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51a Other notes and loans receivable (attach schedule)	51a	51c
	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) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments—land, buildings, and equipment: basis	55a	55c
	b Less: accumulated depreciation (attach schedule)	55b	55c
56 Investments—other (attach schedule)		56	
57a Land, buildings, and equipment: basis	57a 300,000	57c 300,000	
b Less: accumulated depreciation (attach schedule)	57b	57c	
58 Other assets (describe <input type="checkbox"/> BUILDING DONATED (300,000))		58	
59 Total assets (add lines 45 through 58) (must equal line 74)	2315	307159	
Liabilities	60 Accounts payable and accrued expenses	60	60
	61 Grants payable	61	61
	62 Deferred revenue	62	62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	63	63
	64a Tax-exempt bond liabilities (attach schedule)	64a	64b
	b Mortgages and other notes payable (attach schedule)	64b	65
	65 Other liabilities (describe <input type="checkbox"/>)	65	65
66 Total liabilities (add lines 60 through 65)	66	66	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	67	67
	68 Temporarily restricted	68	68
	69 Permanently restricted	69	69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds	70	70
	71 Paid-in or capital surplus, or land, building, and equipment fund	71	71
	72 Retained earnings, endowment, accumulated income, or other funds	72	72
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	73	73	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	74	74	

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 page 27 of the instructions.)

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

a Total revenue, gains, and other support per audited financial statements ▶ **a** _____

b Amounts included on line **a** but not on line 12, Form 990:

(1) Net unrealized gains on investments \$ _____

(2) Donated services and use of facilities \$ _____

(3) Recoveries of prior year grants \$ _____

(4) Other (specify): _____

..... \$ _____

Add amounts on lines (1) through (4) ▶ **b** _____

c Line **a** minus line **b** ▶ **c** _____

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** _____

a Total expenses and losses per audited financial statements ▶ **a** _____

b Amounts included on line **a** but not on line 17, Form 990:

(1) Donated services and use of facilities \$ _____

(2) Prior year adjustments reported on line 20, Form 990 \$ _____

(3) Losses reported on line 20, Form 990 \$ _____

(4) Other (specify): _____

..... \$ _____

Add amounts on lines (1) through (4) ▶ **b** _____

c Line **a** minus line **b** ▶ **c** _____

d Amounts included on line 17, Form 990 but not on line **a**:

(1) Investment expenses not included on line 6b, Form 990 \$ _____

(2) Other (specify): _____

..... \$ _____

Add amounts on lines (1) and (2) ▶ **d** _____

e Total expenses per line 17, Form 990 (line **c** plus line **d**) ▶ **e** _____

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
EMMA LOZANO 1705 W COLLINGTON CHGO IL 60608	PRESIDENT (40)	28,600		
ROBERTO LOPEZ 1722 W 21 ST PL CHGO IL 60608	EXECUTIVE DIR (20)	4750		
SCCOBITA ALONZO 4865 W ARMITAGE CHGO IL 60639	VICE PRESIDENT (30)	6,400		
RETI GUEVARRA 2716 W DIVISION CHGO IL 60622	SECRETARY (40)	14,000		
GEORGE ARLINS 2636 W EVANSTON CHGO IL 60622	Treasurer (10)	0	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? Yes No
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions [81a]		
b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
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.) [82b]		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
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?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	X	
c	Dues, assessments, and similar amounts from members. [85c]		
d	Section 162(e) lobbying and political expenditures. [85d]		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. [85e]		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) [85f]		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? [85h]		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. [86a]		
b	Gross receipts, included on line 12, for public use of club facilities [86b]		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders [87a]		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) [87b]		
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.		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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.		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
90a	List the states with which a copy of this return is filed ▶ ILLINOIS		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) [90b] 7		
91	The books are in care of ▶ GEORGE ALINS Telephone no. ▶ (.....) Located at ▶ 4211 N. ARMITAGE CHICAGO IL ZIP + 4 ▶ 60639-3212		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 92		

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
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					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
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))					
105 Total (add line 104, columns (B), (D), and (E))					

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, 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: *George Atlins* Date: 8/18/05

Type or print name and title: GEORGE ATLINS TREASURER

Paid Preparer's Name Only

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

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: () _____