

**Return of Organization Exempt From Income Tax**

**2001**

Department of the Treasury  
Internal Revenue Service

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

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 period beginning **OCT 1, 2001** and ending **SEP 30, 2002**

**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: **PLOWS COUNCIL ON AGING**

Number and street (or P O box if mail is not delivered to street address): **7808 COLLEGE DRIVE, 5 EAST**

Room/suite: \_\_\_\_\_

City or town state or country and ZIP + 4: **PALOS HEIGHTS, IL 60463**

**D** Employer identification number: **36-2882809**

**E** Telephone number: **(708) 361-0219**

**F** Accounting method:  Cash  Accrual  Other (specify) \_\_\_\_\_

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

H and I are not applicable to section 527 organizations

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

**H(b)** If "Yes," enter number of affiliates: \_\_\_\_\_

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

**G** Web site: **WWW.PLOWS.8M.COM**

**J** Organization type (check only one):  501(c) ( 03 ) (Insert no)  4947(a)(1) or  527

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

**I** Enter 4-digit GEN: \_\_\_\_\_

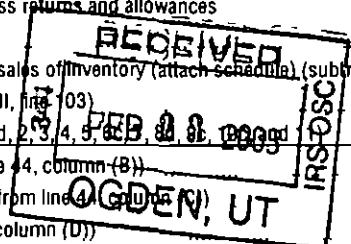
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **1,652,054.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	160,361.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	1,368,772.		
	d	Total (add lines 1a through 1c) (cash \$ <u>1,529,133.</u> noncash \$ _____)	1d		1,529,133.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		95,101.	
	3	Membership dues and assessments	3		2,332.	
	4	Interest on savings and temporary cash investments	4		12,921.	
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	6b	Less rental expenses	6b			
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7				
8	a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9	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			
10	a	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		12,567.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,652,054.		
Expenses	13	Program services (from line 4, column (B))	13		1,543,832.	
	14	Management and general (from line 4, column (D))	14		7,061.	
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 13 and 14, column (A))	17		1,550,893.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		101,161.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		661,938.	
	20	Other changes in net assets or fund balances (attach explanation)	20		0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		763,099.	



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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

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	212,820.	211,823.	997.	0.
26	Other salaries and wages	745,027.	741,756.	3,271.	
27	Pension plan contributions				
28	Other employee benefits	131,734.	131,734.		
29	Payroll taxes	73,668.	73,354.	314.	
30	Professional fundraising fees				
31	Accounting fees	8,000.	8,000.		
32	Legal fees				
33	Supplies	74,593.	74,593.		
34	Telephone	15,886.	15,886.		
35	Postage and shipping	12,354.	12,354.		
36	Occupancy	82,003.	82,003.		
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	58,212.	58,105.	107.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	17,841.		17,841.	
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 1	43e	118,755.	134,224.	<15,469.>
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	1,550,893.	1,543,832.	7,061. 0.

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**

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
PROVIDE SERVICES TO THE ELDERLY	
a TITLE III PROGRAM. HOME ASSISTANCE TO APPROXIMATELY 9,600 CLIENTS DURING THE FISCAL YEAR. IN ADDITION, APPROXIMATELY \$27,000 IN SERVICES WERE DONATED TO THIS PROGRAM DURING THE YEAR. (Grants and allocations \$ _____)	601,895.
b CASE COORDINATION UNIT. THIS PROGRAM PROVIDES CASE MANAGEMENT, ASSESSMENTS, AND PRE-NURSING HOME SCREENINGS FOR IN-HOME CLIENTS. THIS PROGRAM SERVED APPROXIMATELY 5,400 IN-HOME CLIENTS. (Grants and allocations \$ _____)	388,863.
c TITLE III-C2. THIS PROGRAM PROVIDED HOME-DELIVERED MEALS TO APPROXIMATELY 260 CLIENTS DURING THE FISCAL YEAR. APPROXIMATELY \$32,400 IN SERVICES WERE DONATED TO THIS PROGRAM DURING THE YEAR. (Grants and allocations \$ _____)	211,853.
d ELDER ABUSE PROGRAM. ASSISTANCE AND AID WERE PROVIDED TO APPROXIMATELY 150 PEOPLE UNDER THIS PROGRAM DURING THE FISCAL YEAR. (Grants and allocations \$ _____)	94,209.
e Other program services (attach schedule) STATEMENT 2 (Grants and allocations \$ _____)	247,012.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,543,832.

**Part IV Balance Sheets**

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
<b>Assets</b>	45 Cash - non-interest-bearing	510,992.	45 629,772.
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a	
	b Less allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	170,239.	49 133,476.
	50 Receivables from officers, directors, trustees and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	9,417.	53 8,765.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis	55a 129,889.	
	b Less accumulated depreciation	55b 40,665.	55c 91,503.
56 Investments - other		56 89,224.	
57 a Land, buildings, and equipment basis	57a		
b Less accumulated depreciation	57b	57c	
58 Other assets (describe <input type="checkbox"/> )		58	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	782,151.	59 861,237.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	52,616.	60 24,521.
	61 Grants payable		61
	62 Deferred revenue	12,244.	62 13,747.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> ACCRUED VACATION )	55,353.	65 59,870.
66 <b>Total liabilities</b> (add lines 60 through 65)	120,213.	66 98,138.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	632,962.	67 732,507.
	68 Temporarily restricted	28,976.	68 30,592.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	661,938.	73 763,099.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	782,151.	74 861,237.

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

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 and check whether it is exempt OR nonexempt
81 a Enter direct or indirect political expenditures 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) organizations 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) organizations 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?
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) 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?
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

91 The books are in care of DONALD CHAPMAN Telephone no 708-361-0219
Located at 7808 W. COLLEGE DR., SUITE 5E, PALOS HEIGHTS ZIP + 4 60463

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 )

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a PROJECT INCOME					95,101.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			14	2,332.	
95 Interest on savings and temporary cash investments			14	12,921.	
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 MISCELLANEOUS	711120	5,734.			6,833.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D) and (E))		5,734.		15,253.	101,934.
105 Total (add line 104, columns (B), (D), and (E))					122,921.

**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	PROGRAM SERVICE REVENUE. FEES FOR SERVICES TO SENIORS
103A	MISCELLANEOUS, INCLUDING TAXABLE AD BOOK REVENUE

**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
N/A	%			
	%			
	%			
	%			

**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)

accompanying schedules and statements, and to the best of my knowledge and belief It is true all information of which preparer has any knowledge

2-18-03  
Date

WAYNE A. BASCU PRESIDENT  
Type or print name and title



<b>Part III</b> Statements About Activities (See page 2 of the instructions )	Yes	No
<b>1</b> 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? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of 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.	1	X
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below )	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note:</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.		

**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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,381,753.	1,327,910.	1,095,452.	1,303,339.	5,108,454.
<b>16</b> Membership fees received	1,965.	2,614.	1,897.	2,725.	9,201.
<b>17</b> 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	113,161.	110,230.	116,616.		340,007.
<b>18</b> 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	14,626.	10,829.	14,361.	9,369.	49,185.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	21,029.	6,386.	SEE STATEMENT 4		27,415.
<b>23</b> Total of lines 15 through 22	1,532,534.	1,457,969.	1,228,326.	1,315,433.	5,534,262.
<b>24</b> Line 23 minus line 17	1,419,373.	1,347,739.	1,111,710.	1,315,433.	5,194,255.
<b>25</b> Enter 1% of line 23	15,325.	14,580.	12,283.	13,154.	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				<b>26a</b> N/A
	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.				<b>26b</b> N/A
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				<b>26c</b> N/A
	d Add Amounts from column (e) for lines 18 _____ 19 _____	22 _____ 26b _____		<b>26d</b> N/A	
	e Public support (line 26c minus line 26d total)				<b>26e</b> N/A
	f Public support percentage (line 26a (numerator) divided by line 26c (denominator))				<b>26f</b> N/A %
<b>27</b> 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) 0.	(1999) 0.	(1998) 0.	(1997) 0.	0.
	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) 0.	(1999) 0.	(1998) 0.	(1997) 0.	0.
	c Add Amounts from column (e) for lines 15 <u>5,108,454.</u> 16 <u>9,201.</u>	17 <u>340,007.</u> 20 _____		<b>27c</b> 5,457,662.	
	d Add Line 27a total <u>0.</u> and line 27b total <u>0.</u>			<b>27d</b> 0.	
	e Public support (line 27c total minus line 27d total)				<b>27e</b> 5,457,662.
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				<b>27f</b> 5,534,262.
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> 98.6159%
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> .8887%

**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.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

**(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?	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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
	_____		
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
	_____		
	_____		
34 a	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 9 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
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				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**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 )

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

- 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 )

Yes	No	Amount
		0.

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



FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AGENCY INSURANCE	12,695.	12,695.		
EMERGENCY INTERVENTION SERVICES	10,468.	10,468.		
BOARD AND STAFF DEVELOPMENT	2,882.	2,882.		
MEALS	96,294.	96,294.		
MISCELLANEOUS	11,978.	11,885.	93.	
EQUIPMENT	<15,562.>		<15,562.>	
<b>TOTAL TO FM 990, LN 43</b>	<b>118,755.</b>	<b>134,224.</b>	<b>&lt;15,469.&gt;</b>	

FORM 990	OTHER PROGRAM SERVICES		STATEMENT 2
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES	
VARIOUS OTHER PROGRAMS FOR THE ELDERLY		247,012.	
<b>TOTAL TO FORM 990, PART III, LINE E</b>		<b>247,012.</b>	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
REV. GLENN BERGMARK 508 LEMONT STREET LEMONT, IL 60439	PRESIDENT 5	0.	0.	0.
REV. DR. WAYNE A. BASCH 7800 WEST MCCARTHY ROAD PALOS HEIGHTS, IL 60463	VICE PRESIDENT 5	0.	0.	0.
JO ANN GRUCA 3700 WEST 103RD STREET CHICAGO, IL 60655	SECRETARY 5	0.	0.	0.
DICK O'NEILL 17710 OLIVIA LANE ORLAND PARK, IL 60482	TREASURER 5	0.	0.	0.
DONALD E. CHAPMAN 4700 W 95TH STREET OAK LAWN, IL 60453	EXECUTIVE DIRECTOR 40	94,068.	0.	0.
HAL BROWN 3842 WEST 95TH STREET EVERGREEN PARK, IL 60805	DIRECTOR 5	0.	0.	0.
DOROTHY GOUSHAS 12821 W CAMPBELL STREET LEMONT, IL 60439	DIRECTOR 5	0.	0.	0.
WILLIAM SCOTT 5408 W OTTO PLACE OAK LAWN, IL 60453	DIRECTOR 5	0.	0.	0.
ANN DYKSTRA 2819 W 98TH PLACE EVERGREEN PARK, IL 60805	DIRECTOR 5	0.	0.	0.
ROBERT REIDY 7667 W 95TH STREET HICKORY HILLS, IL 60457	DIRECTOR 5	0.	0.	0.
JOANN SHERE 2800 W. 95TH STREET EVERGREEN PARK, IL 60805	DIRECTOR 5	0.	0.	0.

FRED FRANCE 9331 S. TULLY OAK LAWN, IL 60453	DIRECTOR 5	0.	0.	0.
CHUCK MILLER 4137 W. 93RD STREET OAK LAWN, IL 60453	DIRECTOR 5	0.	0.	0.
ROSALIE THOMPSON 8658 S. SACRAMENTO CHICAGO, IL 60652	DIRECTOR 5	0.	0.	0.
JOE MARKS 8145 AUTOBAHN DRIVE NORTH PALOS PARK, IL 60464	DIRECTOR 5	0.	0.	0.
VIRGINIA WROBEL 10208 S. ST. LOUIS EVERGREEN PARK, IL 60805	DIRECTOR 5	0.	0.	0.
REBECCA LERFELT 7808 COLLEGE DRIVE PALOS HEIGHTS, IL 60463	ASSISTANT DIRECTOR 40	65,256.	0.	0.
RIKI KAUFFMAN 7808 COLLEGE DRIVE PALOS HEIGHTS, IL 60463	DIRECTOR 40	53,496.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>212,820.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT	4
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	
OTHER INCOME	21,029.	6,386.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	<u>21,029.</u>	<u>6,386.</u>	<u>0.</u>	<u>0.</u>	