

Return of Organization Exempt from Income Tax

2002

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 2002 calendar year, or tax year beginning 10/01, 2002, and ending 9/30, 2003

- 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.

MIDWEST COUNCIL FOR CHILDREN WITH DISABILITIES 1845 E. RAND ROAD L111 ARLINGTON HEIGHTS, IL 60004-4375

D Employer Identification Number 36-4378294 E Telephone number 847-398-7010 F Accounting method: X Cash Accrual

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? H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit GEN M Check if the organization is not required to attach Schedule B

G Web site: N/A

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 12 210,019.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a-6c Rental income; 7 Other investment income; 8a-8d Sales of assets; 9 Special events; 10a-10c Sales of inventory; 11 Other revenue; 12 Total revenue; 13-17 Total expenses; 18-21 Net assets.

**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 (att sch) (cash \$ _____ non-cash \$ _____) .....	22				
23 Specific assistance to individuals (att sch) .....	23	99,914.	99,914.		
24 Benefits paid to or for members (att sch) .....	24				
25 Compensation of officers, directors, etc. ....	25				
26 Other salaries and wages .....	26				
27 Pension plan contributions .....	27				
28 Other employee benefits .....	28				
29 Payroll taxes .....	29				
30 Professional fundraising fees .....	30				
31 Accounting fees .....	31				
32 Legal fees .....	32				
33 Supplies .....	33				
34 Telephone .....	34				
35 Postage and shipping .....	35				
36 Occupancy .....	36				
37 Equipment rental and maintenance .....	37				
38 Printing and publications .....	38				
39 Travel .....	39				
40 Conferences, conventions, and meetings .....	40				
41 Interest .....	41				
42 Depreciation, depletion, etc (attach schedule) .....	42				
43 Other expenses not covered above (itemize):					
a <u>BANK CHARGES</u> .....	43a	56.		56.	
b <u>CREDIT CARD FEES</u> .....	43b	1,104.			1,104.
c <u>FEES &amp; LICENSES</u> .....	43c	20.		20.	
d <u>FUND RAISING COSTS</u> .....	43d	51,774.			51,774.
e <u>INSURANCE</u> .....	43e	1,654.		1,654.	
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15. ....	44	154,522.	99,914.	1,730.	52,878.

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? <u>SEE STATEMENT 1</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>THE ORGANIZATION HAS PROVIDED FINANCIAL ASSISTANCE TO NON-AFFILIATED FAMILIES WITH CHILDREN HAVING SEVERE MEDICAL AFFLICTIONS.</u> _____ (Grants and allocations \$ _____)	99,914.
b _____ _____ (Grants and allocations \$ _____)	
c _____ _____ (Grants and allocations \$ _____)	
d _____ _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services) <input type="checkbox"/>	99,914.

**Part IV Balance Sheets** (See Instructions)

<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
<b>A S S E T S</b>	<b>45</b> Cash – non-interest-bearing .....	2,484.	<b>45</b>	3,308.
	<b>46</b> Savings and temporary cash investments .....	78,616.	<b>46</b>	133,290.
	<b>47 a</b> Accounts receivable .....	<b>47 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47 b</b>		<b>47 c</b>
	<b>48 a</b> Pledges receivable .....	<b>48 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48 b</b>		<b>48 c</b>
	<b>49</b> Grants receivable .....		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) .....		<b>50</b>	
	<b>51 a</b> Other notes & loans receivable (attach sch) .....	<b>51 a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51 b</b>		<b>51 c</b>
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....		<b>53</b>	
	<b>54</b> Investments – securities (attach schedule) .....	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>
	<b>55 a</b> Investments – land, buildings, & equipment: basis .....	<b>55 a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55 b</b>		<b>55 c</b>
<b>56</b> Investments – other (attach schedule) .....		<b>56</b>		
<b>57 a</b> Land, buildings, and equipment: basis .....	<b>57 a</b>			
<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>57 b</b>		<b>57 c</b>	
<b>58</b> Other assets (describe ▶ _____) .....		1.	<b>58</b>	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) .....	81,101.	<b>59</b>	136,598.	
<b>L I A B I L I T I E S</b>	<b>60</b> Accounts payable and accrued expenses .....		<b>60</b>	
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64 b</b>	
	<b>65</b> Other liabilities (describe ▶ _____) .....		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) .....		0.	<b>66</b>	0.
<b>N E T A S S E T S O R F U N D B A L A N C E S</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....	81,101.	<b>67</b>	136,598.
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) .....	81,101.	<b>73</b>	136,598.
	<b>74 Total liabilities and net assets/fund balances</b> (add lines 66 and 73) .....	81,101.	<b>74</b>	136,598.

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.

BAA

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See instructions.)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements..... ▶	<b>a</b>	210,019.
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> ..... ▶	<b>c</b>	210,019.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify): ----- \$		
	Add amounts on lines (1) and (2) .. ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )..... ▶	<b>e</b>	210,019.

<b>a</b>	Total expenses and losses per audited financial statements..... ▶	<b>a</b>	154,522.
<b>b</b>	Amounts included on line <b>a</b> 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>b</b>	
<b>c</b>	Line <b>a</b> minus line <b>b</b> ..... ▶	<b>c</b>	154,522.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify): ----- \$		
	Add amounts on lines (1) and (2)..... ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )..... ▶	<b>e</b>	154,522.

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see 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 and deferred compensation	(E) Expense account and other allowances
DENNIS FIELDLER 301 HIGH GROVE BLVD GLENDALE HEIGHTS, IL 60139	PRESIDENT NONE	0.	0.	0.
RICK GUNDERSON 301 HIGH GROVE BLVD. GLENDALE HEIGHTS, IL 60139	SECRETARY NONE	0.	0.	0.
FRANK GROSSO 916 STILES DR. ADDISON, IL 60101	DIRECTOR NONE	0.	0.	0.
JOHN A. CENCIG 1845 E. RAND RD. - SUITE L11 ARLINGTON HEIGHTS, IL 600044	TREASURER NONE	0.	0.	0.
PHIL DURANTE 1401 W LAKE STREET ADDISON, IL 60101	DIRECTOR NONE	0.	0.	0.
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**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 instructions.

**Part VI Other Information** (See 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
78b	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	N/A	
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
80b	If 'Yes,' enter the name of the organization <b>N/A</b> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instructions.	81a	0.
81b	Did the organization file <b>Form 1120-POL</b> 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
82b	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	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	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
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	<b>501(c)(4), (5), or (6) organizations.</b> Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	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	N/A
86a	<b>501(c)(7) organizations.</b> Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities.	86b	N/A
87a	<b>501(c)(12) organizations.</b> Enter: a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88	X
89a	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> ; section 4912 <b>0.</b> ; section 4955 <b>0.</b>		
89b	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90a	List the states with which a copy of this return is filed <b>NONE</b>		
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	0
91	The books are in care of <b>J. A. CENCIG</b> Telephone number <b>847-398-7010</b> Located at <b>1845 E. RAND ROAD - SUITE L111, ARL. HTS</b> ZIP + 4 <b>60004-4375</b>		
92	<b>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> - Check here. <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>92</b>		N/A

**Part VII Analysis of Income-Producing Activities** (See 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 & contracts from government agencies...					
94 Membership dues and assessments...					
95 Interest on savings & temporary cash invmnts...		1,345.			
96 Dividends & 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 pers prop...					
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)).....		1,345.			
105 <b>Total</b> (add line 104, columns (B), (D), and (E)).....					1,345.

**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 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).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See 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
N/A	0%			
	0%			
	0%			
	0%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See 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).

**Please Sign Here**

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

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

**DENNIS FIEDLER, PRESIDENT**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: **JOHN A. CENCIG** Date: \_\_\_\_\_

Check if self-employed:

Preparer's SSN or PTIN (see General Instruction W): \_\_\_\_\_

Firm's name (or yours if self-employed): **CLAREMONT MANAGEMENT CORP.**

Address, and ZIP + 4: **1845 E RAND RD #111-L  
ARLINGTON HEIGHTS, IL 60004-4356**

EIN: \_\_\_\_\_

Phone no.: **(847) 398-7010**