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Due 5-17-10

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

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

A For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization NORTHEASTERN ILLINOIS AREA AGENCY ON AGING	D Employer identification number 36-2743881
		Doing Business As	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 809	E Telephone number (815) 939-0727
		City or town, state or country, and ZIP + 4 KANKAKEE, IL 60901-0809	G Gross receipts \$ 12,276,639.
		F Name and address of principal officer. LUCIA WEST JONES SAME AS C ABOVE	H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ N/A			
K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 1974 M State of legal domicile: IL	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	NORTHEASTERN ILLINOS AREA AGENCY ON AGING STRIVES TO MAKE AGING EASIER THROUGH THE DEVELOPMENT AND	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of employees (Part V, line 2a)	5	29
	6	Total number of volunteers (estimate if necessary)	6	85
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 10,936,494.	Current Year 12,063,002.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	65,491.	10,822.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	134,755.	91,719.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,136,740.	12,165,543.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,649,763.	10,520,161.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,081,203.	1,246,027.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,412.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	380,370.	304,373.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,111,336.	12,070,561.
	19	Revenue less expenses. Subtract line 18 from line 12	25,404.	94,982.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 2,372,480.	End of Year 2,894,972.
	21	Total liabilities (Part X, line 26)	869,226.	1,296,736.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,503,254.	1,598,236.

Part II Signature Block

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.

Sign Here ▶ *Lucia West Jones* Date **02/15/10**
Signature of officer
▶ **LUCIA WEST JONES, EXECUTIVE DIRECTOR**
Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶ <i>Edward R. Morris, CPA</i>	Date 02/11/10	Check if self-employed ☒	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WERMER ROGERS DORAN & RUZON, LLC ▶ 755 ESSINGTON ROAD ▶ JOLIET, IL 60435-2845	EIN ▶ Phone no. ▶ 815-730-6250		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

WE STRIVE TO MAKE AGING EASIER THROUGH THE DEVELOPMENT OF A NETWORK OF
SERVICES FOR OLDER PERSONS DESIGNED TO OPTIMIZE THE QUALITY OF THEIR
LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,310,347. including grants of \$ 3,310,347.) (Revenue \$)
HOME DELIVERED MEALS-PROVISION OF ONE HOT MEAL PER DAY FOR THOSE WHO
ARE SHUT-IN AND AGE 60 AND OVER, THROUGH 7 VENDORS IN 7 COUNTIES. THESE
VENDORS PROVIDED A TOTAL OF 702,790 MEALS.

4b (Code:) (Expenses \$ 1,700,348. including grants of \$ 1,700,348.) (Revenue \$)
INFORMATION AND ASSISTANCE PROVIDES INDIVIDUALS WITH CURRENT
INFORMATION ON SENIOR SERVICES AVAILABLE IN THEIR COMMUNITIES. WE SERVE
OVER 16,000 INDIVIDUALS IN 8 COUNTIES WITH AN ADMINISTRATIVE BUDGET OF
\$95,000.

4c (Code:) (Expenses \$ 1,304,554. including grants of \$ 1,304,554.) (Revenue \$)
ELDER ABUSE & NEGLECT-PROVISION OF ANE SERVICES TO PERSONS AGE 60 AND
OVER THROUGH 8 VENDORS IN 8 COUNTIES. THESE VENDORS PROVIDED A TOTAL
OF 1,350 UNITS OF SERVICE.

4d Other program services (Describe in Schedule O)

(Expenses \$ 4,204,912. including grants of \$ 4,204,912.) (Revenue \$)

4e Total program service expenses ► \$ 10,520,161. (Must equal Part IX, Line 25, column (B))

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules *(continued)*

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	4	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	29	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	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 Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8866-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions 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?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter N/A		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Section A. Governing Body and Management

		Yes	No
<i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i>			
1a	Enter the number of voting members of the governing body	23	
b	Enter the number of voting members that are independent	23	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **IL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
CURT SPENCER - (815) 939-0727
KCC WEST CAMPUS, BLDG. 5, RIVER RD., KANKAKEE, IL 60901-0809

832006
12-18-08

Form 990 (2008)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN GROSSINGER CHAIRMAN	2.00	X		X				0.	0.	0.
MARGARET KRAFT BOARD MEMBER	2.00	X						0.	0.	0.
JACK PIERCE ASST. TREASURER	2.00	X		X				0.	0.	0.
JOHN KOKUM BOARD MEMBER	2.00	X						0.	0.	0.
SANDRA ALEXANDER BOARD MEMBER	2.00	X						0.	0.	0.
HELEN J BAKER BOARD MEMBER	2.00	X						0.	0.	0.
VERONICA BOLLERO BOARD MEMBER	2.00	X						0.	0.	0.
RALPH CIANCHETTI BOARD MEMBER	2.00	X						0.	0.	0.
MARIAN FAILOR BOARD MEMBER	2.00	X						0.	0.	0.
ALON JEFFREY BOARD MEMBER	2.00	X						0.	0.	0.
JANET LEONARD SECOND VICE CHAIRMAN	2.00	X		X				0.	0.	0.
CAROL KOSNER BOARD MEMBER	2.00	X						0.	0.	0.
JEAN MCCOLLUM BOARD MEMBER	2.00	X						0.	0.	0.
BARBARA MORRISSETTE BOARD MEMBER	2.00	X						0.	0.	0.
BRENT NEWMAN BOARD MEMBER	2.00	X						0.	0.	0.
LARRY NOLAN TREASURER	2.00	X		X				0.	0.	0.
ROBERT J. O'CONNOR BOARD MEMBER	2.00	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL PARSONS SECRETARY	2.00	X		X				0.	0.	0.
BONNIE SABAN BOARD MEMBER	2.00	X						0.	0.	0.
ROSE SPEARS BOARD MEMBER	2.00	X						0.	0.	0.
JOHN WILSON BOARD MEMBER	2.00	X						0.	0.	0.
BETTY ZELEN BOARD MEMBER	2.00	X						0.	0.	0.
LUCIA WEST JONES EXECUTIVE DIRECTOR	38.00			X	X			101,242.	0.	18,304.
1b Total								101,242.	0.	18,304.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	0	

Form 990 (2008)



**NORTHEASTERN ILLINOIS AREA AGENCY ON AGI
AGENCY ON AGING**

Form 990 (2008)

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	43,989.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	11998983.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	20,030.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			12063002.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,822.	10,822.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 43,989. of contributions reported on line 1c). See Part IV, line 18						
	a			165,491.			
	b Less: direct expenses			111,096.			
	c Net income or (loss) from fundraising events			54,395.	54,395.		
	9 a Gross income from gaming activities. See Part IV, line 19						
	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances						
a							
b Less: cost of goods sold							
b							
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a MIDLOTHIAN MANOR		900099	37,324.	37,324.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			37,324.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			12165543.	102,541.	0.	0.	

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Form 990 (2008)

**NORTHEASTERN ILLINOIS AREA AGENCY ON AGI
AGENCY ON AGING**

Form 990 (2008)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	10,520,161.	10,520,161.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	101,051.		101,051.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	844,950.		844,950.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	47,397.		47,397.	
9 Other employee benefits	181,143.		181,143.	
10 Payroll taxes	71,486.		71,486.	
11 Fees for services (non-employees):				
a Management				
b Legal	211.		211.	
c Accounting	11,099.		11,099.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	6,070.		6,070.	
13 Office expenses	50,615.		50,615.	
14 Information technology				
15 Royalties				
16 Occupancy	105,225.		105,225.	
17 Travel	21,494.		21,494.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,028.		25,028.	
20 Interest	6,481.		6,481.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	13,946.		13,946.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>DUES & MEMBERSHIPS</u>	25,339.		25,339.	
b <u>CLERICAL & PROFESSIONAL</u>	22,439.		22,439.	
c <u>MISCELLANEOUS</u>	11,265.		7,853.	3,412.
d <u>AUTO</u>	5,161.		5,161.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	12,070,561.	10,520,161.	1,546,988.	3,412.
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

NORTHEASTERN ILLINOIS AREA AGENCY ON AGI
AGENCY ON AGING

Form 990 (2008)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	482.	1	100.
	2 Savings and temporary cash investments	2,073,167.	2	2,493,343.
	3 Pledges and grants receivable, net	281,149.	3	395,581.
	4 Accounts receivable, net	17,682.	4	5,948.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost basis	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,372,480.	16	2,894,972.	
Liabilities	17 Accounts payable and accrued expenses	39,189.	17	46,504.
	18 Grants payable	782,857.	18	1,198,462.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	47,180.	25	51,770.
	26 Total liabilities. Add lines 17 through 25	869,226.	26	1,296,736.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,213,489.	27	1,304,980.
	28 Temporarily restricted net assets	289,765.	28	293,256.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,503,254.	33	1,598,236.
	34 Total liabilities and net assets/fund balances	2,372,480.	34	2,894,972.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization NORTHEASTERN ILLINOIS AREA AGENCY ON AGI
AGENCY ON AGING

Employer identification number
36-2743881

Part I	Reason for Public Charity Status (All organizations must complete this part) (see instructions)
---------------	---

The organization is not a private foundation because it is (Please check only **one** organization.)

- 1 ☐ A church, convention, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ 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 exempt 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).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

NORTHEASTERN ILLINOIS AREA AGENCY ON AGI

Schedule A (Form 990 or 990-EZ) 2008 **AGENCY ON AGING**

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	110065826	10421666	11815431	10936494	12063002	155302419
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	110065826	10421666	11815431	10936494	12063002	155302419
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						155302419

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	110065826	10421666	11815431	10936494	12063002	155302419
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	51,264.	103,850.	127,059.	65,491.	10,822.	358,486.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						155660905
12 Gross receipts from related activities, etc. (see instructions)					12	1,290,046.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.77 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.29 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2008

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

MIDLOTHIAN MANOR HOUSE ASSISTED LIVING GRANT - \$37,324

FUNDRAISING INCOME - \$165,491

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
InspectionName of the organization **NORTHEASTERN ILLINOIS AREA AGENCY ON AGI
AGENCY ON AGING**Employer identification number
36-2743881**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ _____ %

c Term endowment ☐ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

0.

Schedule D (Form 990) 2008

Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶

Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ►

Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)

Total. (Column (b) should equal Form 990, Part X, col (B) line 25)

NORTHEASTERN ILLINOIS AREA AGENCY ON AGI

Schedule D (Form 990) 2008

AGENCY ON AGING

36-2743881 Page **4**

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,165,543.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,070,561.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	94,982.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	94,982.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	12,276,639.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	111,096.
e	Add lines 2a through 2d	2e	111,096.
3	Subtract line 2e from line 1	3	12,165,543.
4	Amounts included on Form 990 Part VIII line 12 but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	12,165,543.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,181,657.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	111,096.
e	Add lines 2a through 2d	2e	111,096.
3	Subtract line 2e from line 1	3	12,070,561.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	12,070,561.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE - \$111,096

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization **NORTHEASTERN ILLINOIS AREA AGENCY ON AGING**
AGENCY ON AGING

Employer identification number
36-2743881

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
---------------	---

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

NORTHEASTERN ILLINOIS AREA AGENCY ON AGI

Schedule G (Form 990 or 990-EZ) 2008

AGENCY ON AGING

36-2743881 Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col (c))
		EXPOSITION (event type)	BRUNCH (event type)	3 (total number)	
Revenue	1 Gross receipts	101,464.	86,136.	21,880.	209,480.
	2 Less. Charitable contributions		43,989.		43,989.
	3 Gross revenue (line 1 minus line 2)	101,464.	42,147.	21,880.	165,491.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	35,006.	6,495.	1,558.	43,059.
	7 Other direct expenses	56,947.	10,505.	585.	68,037.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(111,096.)
	9 Net income summary. Combine lines 3 and 8 in column (d)				54,395.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____	Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

Schedule G (Form 990 or 990-EZ) 2008

NORTHEASTERN ILLINOIS AREA AGENCY ON AGI
AGENCY ON AGING

Schedule G (Form 990 or 990-EZ) 2008

36-2743881 Page 3

13 Indicate the percentage of gaming activity operated in

a The organization's facility

13a %

b An outside facility

13b %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address.

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2008

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Open to Public
Inspection

Name of the organization **NORTHEASTERN ILLINOIS AREA AGENCY ON AGING**

Employer identification number
36-2743881

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for a recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES DIOCESE OF JOLIET, 203 N. OTTAWA, 3 JOLIET, IL 60432	36-2170817	501(C)(3)	336,733.	0.	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
CATHOLIC CHARITIES LAKE COUNTY, 671 S. LEWIS AVE., WAUKEGAN, IL 60085	36-2170821	501(C)(3)	1,713,174.	0.	N/A	N/A	MEALS AND SOCIAL SERVICES FOR THE ELDERLY
DUPAGE COUNTY DEPARTMENT OF HUMAN RESOURCES - 421 N. COUNTY FARM RD., - WHEATON, IL 60187	36-6006551	DUPAGE COUNTY, IL	1,319,604.	0.	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
DUPAGE SENIOR CITIZEN'S COUNCIL, 1919 S. HIGHLAND, BLDG A STE. 210 LOMBARD, IL 60148	36-2988023	501(C)(3)	1,364,294.	0.	N/A	N/A	MEALS FOR THE ELDERLY
EASTERN WILL COUNTY SENIOR SERVICES - 25864 S. CHESTNUT RD. - MONEE, IL 60449	36-2915827	501(C)(3)	129,162.	0.	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
FAMILY COUNSELING SERVICES OF AURORA - 70 S. RIVER ST - AURORA, IL 60506	36-2195470	501(C)(3)	63,517.	0.	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

▶ 37.
▶ 2.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

PART I--QUESTION 2--THE AGENCY MONITORS ALL FUNDS PASSED THROUGH TO SUBRECIPIENTS. THE AGENCY OBTAINS A COPY OF EACH SUBRECIPIENT'S ANNUAL AUDITED FINANCIAL STATEMENTS. EACH SUBRECIPIENT IS SUBJECT TO A FORMAL MONITORING VISIT BY AN AGENCY STAFF MEMBER AT LEAST ONCE EVERY TWO YEARS. FORMAL MONITORING VISIT RESULTS ARE DOCUMENTED AND REVIEWED.

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **NORTHEASTERN ILLINOIS AREA AGENCY ON AGI** Employer identification number **36-2743881**
AGENCY ON AGING

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II)									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GRUNDY COUNTY HEALTH DEPARTMENT 1320 UNION ST MORRIS, IL 60450	36-6006567	501(C)(3)	134,582.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY		
KANKAKEE COUNTY COMMUNITY SERVICES 657 E. COURT ST. KANKAKEE, IL 60901	36-3478633	501(C)(3)	265,364.	0 N/A		N/A	MEALS FOR THE ELDERLY		
METROPOLITAN FAMILY SERVICES OF DUPAGE COUNTY - 222 E. WILLOW ST. - WHEATON, IL 60187	36-2167940	501(C)(3)	220,311.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY		
PRAIRIE STATE LEGAL SERVICES 975 N. MAIN ST. ROCKFORD, IL 61103	37-1030764	501(C)(3)	315,856.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY		
SALVATION ARMY NUTRITION PROGRAM 705 E. STATE ST., UNIT G GENEVA, IL 60134	38-1370971	501(C)(3)	881,105.	0 N/A		N/A	MEALS FOR THE ELDERLY		
SENIOR SERVICES ASSOCIATES 101 S. GROVE ST. ELGIN, IL 60120	36-2775102	501(C)(3)	1,328,756.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY		
SENIOR SERVICES OF WILL COUNTY 310 N. JOLIET ST. JOLIET, IL 60431	36-2615835	501(C)(3)	1,528,032.	0 N/A		N/A	MEALS AND SOCIAL SERVICES FOR THE ELDERLY		
WILL COUNTY LEGAL ASSISTANCE 5 E. VAN BUREN ST., SUITE 310 JOLIET, IL 60432	36-2898362	501(C)(3)	62,877.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY		

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **NORTHEASTERN ILLINOIS AREA AGENCY ON AGI** Employer identification number **36-2743881**

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part I).

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELDERDAY CENTER 8 S. LINCOLN ST. BATAVIA, IL 60510	36-3731502	501(C)(3)	19,616.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
FAMILY ALLIANCE 2028 N. SEMINARY AVE. WOODSTOCK, IL 60098	36-3152022	501(C)(3)	8,720.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
KENDALL COUNTY HEALTH & HUMAN SERVICES - GRUNDY - 811 W. JOHN ST. - YORKVILLE, IL 60560	36-6006598	KENDALL COUNTY	9,671.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
FAMILY SERVICE OF SOUTH LAKE COUNTY - 777 CENTRAL AVE., SUITE 17 - HIGHLAND PARK, IL 60035	36-2167063	501(C)(3)	81,525.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
LAKE COUNTY HEALTH DEPARTMENT 3012 GRAND AVE. WAUKEGAN, IL 60085	36-6006600	501(C)(3)	33,474.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
VILLAGE OF OSWEGO 100 PARKER'S MILL PLACE, OSWEGO, IL 60543	36-6006036	VILLAGE OF OSWEG	57,339.	0	N/A	N/A	MEALS FOR THE ELDERLY
COMMUNITY NUTRITION NETWORK 208 S. LASALLE ST., SUITE 1900 CHICAGO, IL 60604	36-4394010	501(C)(3)	304,356.	0	N/A	N/A	MEALS FOR THE ELDERLY
LEGAL ASSISTANCE FOUNDATION OF METRO CHICAGO - 828 DAVIS ST., SUITE 201 - EVANSTON, IL 60201	36-2754650	501(C)(3)	93,687.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization **NORTHEASTERN ILLINOIS AREA AGENCY ON AGING** Employer identification number **36-2743881**

Part I	Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)								00	2130001
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
FALL PREVENTION CLINICS OF AMERICA, 710 E. OGDEN AVE., SUITE 250, NAPERVILLE, IL 60563 - NAPERVILLE, IL 60563	76-0812294	501(C)(3)	23,229.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY			
CENTRO DE INFORMACION 28 NORTH GROVE AVE ELGIN, IL 60120	36-2776988	501(C)(3)	9,937.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY			
FOX VALLEY UNITED WAY 40 W. DOWNER PLACE AURORA, IL 60506	36-2195467	501(C)(3)	7,550.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY			
FAMILY AND FRIENDS ADULT DAYCARE 105 MCDONOUGH JOLIET, IL 60432	38-3674493	501(C)(3)	2,185.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY			
ECUMENICAL ADC OF NAPERVILLE 305 W. JACKSON AVE. NAPERVILLE, IL 60540	36-3239717	501(C)(3)	5,744.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY			
NORTHEASTERN ILLINOIS AREA AGENCY ON AGING - PO BOX 809 - KANKAKEE, IL 60901	36-2743881	501(C)(3)	109,323.	0 N/A		N/A	MEALS AND SOCIAL SERVICES FOR THE ELDERLY			
DUPAGE COUNTY COMMUNITY SERVICES 421 N. COUNTY FARM RD. WHEATON, IL 60187	36-6006551	501(C)(3)	17,369.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY			
FAMILY SHELTER SERVICES 605 E. ROOSEVELT RD. WHEATON, IL 60187	36-2883552	501(C)(3)	14,760.	0 N/A		N/A	SOCIAL SERVICES FOR THE ELDERLY			
2 Enter total number of Section 501(c)(3) and government organizations										▶
3 Enter total number of other organizations										▶

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization **NORTHEASTERN ILLINOIS AREA AGENCY ON AGI**
AGENCY ON AGING

Employer identification number
36-2743881

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XILIN ASSOCIATION 1163 E. ODGEN AVE. SUITE 300A NAPERVILLE, IL 60563	36-3890616	501(C)(3)	27,789.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
ESSE ADULT DAYCARE 515 S. WHEATON AVE. WHEATON, IL 60187	36-3188585	501(C)(3)	9,073.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
MORNING STAR MISSION 350 E. WASHINGTON ST. JOLIET, IL 60433	36-2422510	501(C)(3)	2,402.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
COMMUNITY ADULT DAYCARE 4501 MAIN ST. DOWNERS GROVE, IL 60515	36-3459984	501(C)(3)	3,065.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
DUPAGE SENIOR CITIZEN'S COUNCIL 1919 S. HIGHLAND, BLDG A STE. 210 LOMBARD, IL 60148	36-2988023	501(C)(3)	4,166.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
METROPOLITAN FAMILY SERVICES 222 EAST WILLOW AVE WHEATON, IL 60187	36-2167940	501(C)(3)	4,223.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
WILL COUNTY CENTER FOR COMMUNITY CONCERNS - 304 NORTH SCOTT ST - JOLIET, IL 60432	36-3473739	501(C)(3)	103.	0	N/A	N/A	SOCIAL SERVICES FOR THE ELDERLY
I W.A.S. A GOLFER, INC. 1001 HILL AVE. AURORA, IL 60505	APPLIED FOR		2,225.	0	N/A	N/A	HOLIDAY MEALS FOR THE ELDERLY

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

NORTHEASTERN ILLINOIS AREA AGENCY ON AGI
AGENCY ON AGING

Employer identification number
36-2743881

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROMOTION OF A NETWORK OF SERVICES FOR OLDER PERSONS DESIGNED TO
OPTIMIZE THE QUALITY OF THEIR LIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CASE MANAGEMENT-PROVISION OF CASE MANAGEMENT SERVICES TO THOSE PERSONS
AGE 60 AND OVER, THROUGH 8 VENDORS IN 8 COUNTIES. THESE VENDORS

PROVIDED A TOTAL OF 111,372 UNITS OF SERVICE, WHICH INCLUDED CAREGIVER
SERVICES-\$48,246; CASE MANAGEMENT-\$145,862; CIRCUIT

BREAKER/PHARMACEUTICAL OUTREACH PROGRAM-\$271,626; COMMUNITY
SERVICES-\$110,444; CONGREGATE MEALS-\$1,115,264;

COUNSELING-\$419,814; FLEXIBLE SENIOR SERVICES-\$133,368; GAP

FILLING-\$60,733; HOLIDAY MEALS-\$82,226; HOME HEALTH, RESIDENTIAL REPAIR
& IN-HOME RESPITE-\$25,136; HOME INJURY CONTROL-\$36,281; LEGAL-\$391,580;

OMBUDSMAN-\$424,793; OUTREACH-\$76,560; RESPITE SERVICES-\$324,465; TITLE
V SENIOR EMPLOYMENT PROGRAM-\$175,448; TRAINING EDUCATION-\$42,016 AND
TRANSPORTATION-\$321,050.

EXPENSES \$ 4204912. INCLUDING GRANTS OF \$ 4204912. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B: NO COMMITTEES AUTHORIZED TO ACT ON
BEHALF OF THE GOVERNING BODY

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 IS GIVEN TO
THE FISCAL MANAGER FOR REVIEW AND COMPARISON TO THE IN HOUSE ACCOUNTING
SOFTWARE FOR ACCURACY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

NORTHEASTERN ILLINOIS AREA AGENCY ON AGI
AGENCY ON AGING

Employer identification number
36-2743881

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS
DISTRIBUTEED ANNUALLY AND SIGNED BY DIRECTORS. IF A POTENTIAL CONFLICT
SHOULD ARISE IN THE INTERIM, THE EXCUTIVE DIRECTOR WOULD APPROACH THE
DIRECTOR OR OFFICER OR KEY EMPLOYEE IMPLICATED AND CLARIFY THE SITUATION.

FORM 990, PART VI, SECTION B, LINE 15: EVERY 2-3 YEARS THE METROPOLITAN
CHICAGO AREA AGENCIES ON AGING INITIATE A SALARY SURVEY TO EVALUATE OUR
ABILITIES TO COMPETE FOR TALENT IN THE CHICAGO METRO AREA. THE RESPONSIBLE
AREA AGENCY MAY CHOOSE TO AN IN-HOUSE PROCESS OR ESTABLISH AND AGREEMENT
WITH AN OUTSIDE CONTRACTOR. THE SURVEY IS DISSEMINATED AMONG COMPARABLE
AGENCIES, I.E. OTHER AREA AGENCIES ON AGING, NON-PROFITS OF SIMILAR SIZE
AND SIMILAR STAFFING NEEDS, LARGER NONPROFITS TO WHICH WE HAVE LOSS
STAFF--AARP, DHHS-ADIMINSTRATION ON AGING, HOSPITALS, LONG-TERM CARE
PROVIDERS. CONSULTANTS HAVE INTRODUCED DATA FROM ENTITIES SUCH AS
GUIDESTAR, TOWERS NON-PROFIT, WATSON WYATT. THE BUREAU OF LABOR STATISTICS
IS ROUTINELY INCLUDED. CUSTOMARY QUESTIONS ARE ASKED IN THE SURVEY--WAGES,
BENEFITS, EDUCATIONAL REQUIREMENTS, ETC--AND RESPONSES ARE FASHIONED INTO
COMPARABLE DATA TABLES. THE AREA AGENCIES ON AGING SHARE THE DATA.

NEXT, OUR CURRENT BENEFIT AND COMPENSATION PACKAGES ARE COMPARED TO THE
DATA TABLES. RESULTS OF THE COMPARISON ARE SHARED WITH THE AGENCY
OPERATIONS COMMITTEE, A SUB-COMMITTEE OF THE BOARD OF DIRECTORS. IF THE
ANALYSIS INDICATES THAT THE CURRENT AAA BENEFITS, AND/OR COMPENSATION
PACKAGES PUT US AT A DISADVANTAGE FOR ATTRACTING/RETAINING COMPETENT STAFF,
ADJUSTMENTS ARE RECOMMENDED TO THE AGENCY OPERATIONS COMMITTEE FOR THEIR
CONSIDERATION. THIS DISCERNMENT PROCESS OFTEN REQUIRES SEVERAL MEETINGS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

NORTHEASTERN ILLINOIS AREA AGENCY ON AGI
AGENCY ON AGING

Employer identification number

36-2743881

BEFORE THE COMMITTEE SENDS A RECOMMENDATION TO THE FULL BOARD.

DELIBERATIONS ARE DOCUMENTED BY COMMITTEE MINUTES.

THE FINAL COMPENSATION AND BENEFITS ARE AT THE APPROVAL OF THE BOARD OF DIRECTORS AND SUBJECT TO AVAILABLE RESOURCES. ALL POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR, ARE SUBJECT TO THIS PROCESS. SUBSTANTIATION OF THESE DELIBERATIONS IS DOCUMENTED BY BOARD MINUTES.

ADDITIONALLY, INCREASES FOR THE EXECUTIVE DIRECTOR ARE DRIVEN BY PERFORMANCE WHICH IS EVALUATED ANNUALLY BY TOTAL BOARD MEMBERSHIP AND THOSE ADVISORY COUNCIL MEMBERS SERVING ON THE AGENCY OPERATIONS COMMITTEE. ANNUAL EVALUATIONS ARE AVAILABLE FOR REVIEW. ACTIONS RELATED TO EXECUTIVE COMPENSATION ARE DOCUMENTED BY COMMITTEE AND BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: UPON RECEIPT OF WRITTEN REQUEST THE ORGANIZATION WILL PROVIDE COPIES OF THE REQUESTED DOCUMENTS.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **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)

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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization NORTHEASTERN ILLINOIS AREA AGENCY ON AGI AGENCY ON AGING	Employer identification number 36-2743881
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 809	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions KANKAKEE, IL 60901-0809	

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

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

CURT SPENCER - KCC WEST CAMPUS, BLDG. 5, RIVER RD. -

- The books are in the care of ► **KANKAKEE, IL 60901-0809**

Telephone No ► **(815) 939-0727**

FAX No. ►

- 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-months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► ☐ calendar year _____ or

► ☒ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**

- 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.	3a	\$
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.	3b	\$
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.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)