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Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2008

Open to Public Inspection

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
AGEOPTIONS, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 1048 LAKE STREET — Room/suite 300

City or town, state or country, and ZIP + 4 OAK PARK, IL 60301

D Employer identification number 36-2806193

E Telephone number (708) 383-0258

G Gross receipts $ 15,798,442.

F Name and address of principal officer JONATHAN LAVIN
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: ▶ WWW.AGEOPTIONS.ORG

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: PROVIDES COMPREHENSIVE SERVICES, LEADERSHIP AND ADVOCACY TO OLDER ADULTS AND THEIR CAREGIVERS.		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of employees (Part V, line 2a)	5	133
	6 Total number of volunteers (estimate if necessary)	6	73
	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.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	15,554,335.	15,688,994.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,735.	<27,578.>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,539.	21,723.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,576,609.	15,683,139.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,739,542.	11,948,373.
	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)	1,866,201.	2,512,505.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		1,688.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,688.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,198,750.	915,366.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,804,493.	15,377,932.
	19 Revenue less expenses Subtract line 18 from line 12	<227,884.>	305,207.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,951,731.	4,401,849.
	21 Total liabilities (Part X, line 26)	1,897,005.	1,996,862.
	22 Net assets or fund balances Subtract line 21 from line 20	2,054,726.	2,404,987.

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AUG 18 2010
E-11
OGDEN, UT
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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

Signature of officer — Date 8/12/10

Jonathan Lavin, President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 8/9/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
SIKICH LLP
998 CORPORATE BLVD
AURORA, IL 60502

EIN ▶

Phone no. ▶ 630-566-8400

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

SCANNED SEP 16 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

AGEOPTIONS IS COMMITTED TO IMPROVING THE QUALITY OF LIFE AND MAINTAINING THE DIGNITY OF OLDER PERSONS AND THOSE WHO CARE ABOUT THEM THROUGH LEADERSHIP AND SUPPORT, COMMUNITY PARTNERSHIPS, COMPREHENSIVE SERVICES, ACCURATE INFORMATION AND POWERFUL ADVOCACY.

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 7,143,922. including grants of $ 6,545,879.) (Revenue $)

AGEOPTIONS IS COMMITTED TO IMPROVING THE QUALITY OF LIFE AND MAINTAINING THE DIGNITY OF OLDER PERSONS AND THOSE WHO CARE ABOUT THEM. AGEOPTIONS IS A NOT-FOR-PROFIT CORPORATION DESIGNATED BY THE ILLINOIS DEPARTMENT ON AGING AS THE AREA AGENCY ON AGING FOR SUBURBAN COOK COUNTY. AS A CATALYST FOR CONNECTING OLDER PERSONS AND CAREGIVERS TO RESOURCES AND SERVICE OPTIONS, WE ARE NATIONALLY RECOGNIZED FOR OUR INNOVATIVE PROGRAMMING, NETWORKING WITH COMMUNITY BASED SENIOR SERVICE AGENCIES, AND ADVOCACY EFFORTS ON BEHALF OF OLDER PERSONS.

OVER THE PAST 35 YEARS, AGEOPTIONS HAS ESTABLISHED A REPUTATION FOR MEETING THE NEEDS, WANTS AND EXPECTATIONS OF THE SENIOR POPULATION IN SUBURBAN COOK COUNTY. OUR PURPOSE IS TO CONNECT ADULTS, AGED 60 AND

4b (Code) (Expenses $ 1,702,070. including grants of $ 1,526,645.) (Revenue $)

AGEOPTIONS CONTRACTS WITH TEN (10) ELDER ABUSE PROVIDER AGENCIES IN SUBURBAN COOK COUNTY THAT INVESTIGATE AND INTERVENE IN CASES OF POSSIBLE ELDER ABUSE. IN ILLINOIS THE ELDER ABUSE AND NEGLECT PROGRAM IS BASED ON AN ADVOCACY MODEL AND IS A VICTIM GUIDED PROCESS THAT RESPECTS A VICTIMS RIGHT TO SELF-DETERMINATION. AGEOPTIONS MONITORS THE LOCAL AGENCIES ANNUALLY TO ENSURE COMPLIANCE WITH THE ILLINOIS DEPARTMENT ON AGING POLICIES AND PROCEDURES. AGEOPTIONS PROVIDES TECHNICAL ASSISTANCE TO ELDER ABUSE SUPERVISORS AND CASE WORKERS, AND CONDUCTS REGULAR OUTREACH TO PROFESSIONALS AND THE PUBLIC ON ISSUES RELATED TO ELDER ABUSE, NEGLECT AND EXPLOITATION. IN STATE FISCAL YEAR 2009, THERE WERE 1,742 CASES IN SUBURBAN COOK COUNTY ALONE. IT IS ESTIMATED THAT FOR EVERY REPORT OF ELDER ABUSE THERE ARE TEN MORE THAT

4c (Code) (Expenses $ 420,317. including grants of $) (Revenue $)

AGEOPTIONS, THE AREA AGENCY ON AGING OF SUBURBAN COOK COUNTY, ADMINISTERS THE TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP). SCSEP HELPS PEOPLE WHO ARE AGE 55 OR OLDER WITH LIMITED FINANCIAL RESOURCES BY PROVIDING ON-THE-JOB TRAINING ASSIGNMENTS. AGEOPTIONS HAS A GRANT FROM THE ILLINOIS DEPARTMENT ON AGING TO FUND TRAINING ASSIGNMENTS AT LOCAL COMMUNITY SERVICE AGENCIES FOR UP TO 20 HOURS PER WEEK AT A RATE OF PAY OF $8.25 PER HOUR. ALL OF OUR PARTICIPANTS ARE LOOKING FOR MORE PERMANENT EMPLOYMENT USING THE SKILLS THEY LEARNED IN THE PROGRAM. HOST AGENCIES CAN DEVELOP AND TRAIN INDIVIDUALS IN A VARIETY OF AREAS INCLUDING CLERICAL, FOOD SERVICE, AND MAINTENANCE AND CUSTODIAL. IN FY2009 TITLE V PARTICIPANTS COMPLETED 42,065 HOURS OF PAID TRAINING AT COMMUNITY ORGANIZATIONS, 84% OF SCSEP

4d Other program services (Describe in Schedule O)

(Expenses $ 4,016,566. including grants of $ 3,875,849.) (Revenue $)

4e **Total program service expenses ▶ $** 13,282,875. *(Must equal Part IX, Line 25, column (B))*

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5	N/A	
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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	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? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		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 ? *If "Yes," complete Schedule F, Part I*	14b		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? *If "Yes," complete Schedule F, Part II*	15		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? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		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? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		X

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)? *If "Yes," complete Schedule L, Part IV*	28a		X
	b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29		Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31		Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32		Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34		Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35		Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36		**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X

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	1a	3		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	2a	133		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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)?	4a			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?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
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?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			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?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
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?	8	N/A		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a	N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A		
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			

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
	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			
1a	Enter the number of voting members of the governing body	1a 19		
b	Enter the number of voting members that are independent	1b 19		
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?	2		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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		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?	9b		
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	10	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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	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?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
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?	16a		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?	16b		

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 ▶

DIANE SLEZAK - 708-383-0258
1048 LAKE ST., SUITE 300, OAK PARK, IL 60301-1055

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			
ANGELARI, MARGUERITE DIRECTOR	2.00	X						0.	0.	0.
SIEGEL, LINDA DIRECTOR	2.00	X						0.	0.	0.
BLAHA, ARLENE DIRECTOR	2.00	X						0.	0.	0.
BERZON, WAYNE DIRECTOR	2.00	X						0.	0.	0.
BOUSKY, TRACY VICE CHAIRPERSON	2.00	X						0.	0.	0.
BROOKS, ROBERT DIRECTOR	2.00	X						0.	0.	0.
BRUSSELL, SHIRLEY DIRECTOR	2.00	X						0.	0.	0.
COONDA, MARY DIRECTOR	2.00	X						0.	0.	0.
GAGLIARDO, JOSEPH DIRECTOR	2.00	X						0.	0.	0.
GORDON, MURRAY DIRECTOR	2.00	X						0.	0.	0.
JORDON, LEWIS DIRECTOR	2.00	X						0.	0.	0.
KARUTZ, FREDERICK CHAIRPERSON	2.00	X						0.	0.	0.
KOTEL, MICHAEL DIRECTOR	2.00	X						0.	0.	0.
MILLAN, CARMENZA DIRECTOR	2.00	X						0.	0.	0.
MOORE, DONNA DIRECTOR	2.00	X						0.	0.	0.
PEACHEY, KIRSTEN DIRECTOR	2.00	X						0.	0.	0.
PERRY, ANTHONY DIRECTOR	2.00	X						0.	0.	0.

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			
ROZYCKI, CARLA DIRECTOR	2.00	X						0.	0.	0.
SUTOR, DAVID DIRECTOR	2.00	X						0.	0.	0.
LAVIN, JONATHAN PRESIDENT & CHIEF EXEC.	35.00			X				129,938.	0.	16,303.
SLEZAK, DIANE VICE PRES. & CHIEF OPER.	35.00			X				120,000.	0.	7,874.
MATSON, BRUCE TREASURER & CHIEF FIN. O	35.00			X				94,000.	0.	14,506.
1b Total						▶		343,938.	0.	38,683.

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

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		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

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	18,166.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	14747342.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	923,486.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		15688994.			
Program Service Revenue		Business Code				
	2a					
	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)		14,463.			14,463.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	31,605.				
	b Less cost or other basis and sales expenses	72,441.	1,205.			
	c Gain or (loss)	<40,836.>	<1,205.>			
	d Net gain or (loss)			<42,041.>		<42,041.>
	8a Gross income from fundraising events (not including $ 18,166. of contributions reported on line 1c) See Part IV, line 18	a	62,280.			
	b Less direct expenses	b	41,657.			
	c Net income or (loss) from fundraising events			20,623.		20,623.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a 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				
	11a OTHER INCOME	900099	1,100.			1,100.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		1,100.			
	12 Total Revenue Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		15683139.	0.	0.	<5,855.>

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	11,948,373.	11,948,373.		
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	382,621.	198,892.	183,729.	
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	1,782,033.	853,858.	928,175.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	88,445.	33,116.	55,329.	
9 Other employee benefits	117,612.	26,844.	90,768.	
10 Payroll taxes	141,794.	77,167.	64,627.	
11 Fees for services (non-employees)				
a Management				
b Legal	14,863.	14,863.		
c Accounting	26,000.	6,064.	19,936.	
d Lobbying	3,161.		3,161.	
e Professional fundraising services See Part IV, line 17	1,688.			1,688.
f Investment management fees				
g Other	20,402.	2,096.	18,306.	
12 Advertising and promotion	29,887.	4,254.	25,633.	
13 Office expenses	41,105.	17,517.	23,588.	
14 Information technology	15,891.	2,820.	13,071.	
15 Royalties				
16 Occupancy	289,010.	44,705.	244,305.	
17 Travel	37,144.	18,349.	18,795.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,606.	2,681.	7,925.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,260.		44,260.	
23 Insurance	18,811.	3,083.	15,728.	
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 PROJECT COSTS	259,521.		259,521.	
b MISCELLANEOUS	23,737.	13,164.	10,573.	
c ACCRUED VACATION EXPENS	21,074.	438.	20,636.	
d DUES & SUBSCRIPTIONS	15,379.	800.	14,579.	
e EQUIPMENT	11,988.	4,176.	7,812.	
f All other expenses	32,527.	9,615.	22,912.	
25 Total functional expenses Add lines 1 through 24f	15,377,932.	13,282,875.	2,093,369.	1,688.
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				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	400.	1	400.
	2	Savings and temporary cash investments	1,826,061.	2	2,356,111.
	3	Pledges and grants receivable, net	1,117,764.	3	1,323,644.
	4	Accounts receivable, net	489,143.	4	245,167.
	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	77,451.	9	65,596.
	10a	Land, buildings, and equipment cost basis 10a 431,012.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 355,970.	106,760.	10c	75,042.
	11	Investments - publicly traded securities	334,152.	11	335,889.
	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)	3,951,731.	16	4,401,849.
Liabilities	17	Accounts payable and accrued expenses	1,294,928.	17	1,211,133.
	18	Grants payable		18	
	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	602,077.	25	785,729.
	26	**Total liabilities.** Add lines 17 through 25	1,897,005.	26	1,996,862.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,407,459.	27	1,463,767.
	28	Temporarily restricted net assets	647,267.	28	941,220.
	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	2,054,726.	33	2,404,987.
	34	Total liabilities and net assets/fund balances	3,951,731.	34	4,401,849.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	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?	2c	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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

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	Employer identification number
AGEOPTIONS, INC.	36-2806193

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 of churches, 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?

		Yes	No
(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?*	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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 ")	14590835.	14960082.	16355054.	15554335.	15688994.	77149300.
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	14590835.	14960082.	16355054.	15554335.	15688994.	77149300.
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						77149300.

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	14590835.	14960082.	16355054.	15554335.	15688994.	77149300.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,274.	64,705.	79,451.	43,631.	14,463.	236,524.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	45,925.	38,457.	60,383.	<2,155.>	20,623.	163,233.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,544.	1,310.	1,192.	3,694.	1,100.	8,840.
11 **Total support.** Add lines 7 through 10						77557897.

12 Gross receipts from related activities, etc (see instructions) 12 19,750.

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	99.47 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	99.65 %

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 ▶ ☐

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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- *Section 501(c)(4), (5), or (6) organizations Complete Part III*

Name of organization	Employer identification number
AGEOPTIONS, INC.	36-2806193

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details

A Check ▶ ☐ if the filing organization belongs to an affiliated group

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j *If there is an amount other than zero on either line 1h or line 1i,* did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?	X		100.
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		3,061.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X	
i	Other activities? If "Yes," describe in Part IV		X	
j	Total lines 1c through 1i			3,161.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

LOBBYING ACTIVITIES INCLUDE MEETING WITH LEGISLATORS CONCERNING ISSUES THAT AFFECT FUNDING AND ADVOCACY FOR OLDER AMERICANS AT THE STATE AND FEDERAL LEVELS.

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

2008

Open to Public Inspection

Name of the organization: AGEOPTIONS, INC.

Employer identification number: 36-2806193

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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

	Yes	No
(i) unrelated organizations 3a(i)		
(ii) related organizations 3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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		431,012.	355,970.	75,042.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				75,042.

Schedule D (Form 990) 2008

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12-23-08

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total (Col (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
FEDERAL INTEREST PAYABLE	6,554.
OTHER LIABILITIES	779,175.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	785,729.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	15,683,139.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,377,932.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	305,207.
4	Net unrealized gains (losses) on investments	4	30,191.
5	Donated services and use of facilities	5	14,863.
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	45,054.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	350,261.

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	15,769,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	30,191.		
b	Donated services and use of facilities	2b	14,863.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	41,657.		
e	Add lines **2a** through **2d**			2e	86,711.
3	Subtract line **2e** from line **1**			3	15,683,139.
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	15,683,139.

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

1	Total expenses and losses per audited financial statements			1	15,419,589.
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	41,657.		
e	Add lines **2a** through **2d**			2e	41,657.
3	Subtract line **2e** from line **1**			3	15,377,932.
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	15,377,932.

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

PART X: DURING THE FISCAL YEAR ENDED SEPTEMBER 30, 2009, THE AGENCY ADOPTED THE AUTHORITATIVE GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITYS FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THIS GUIDANCE ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND

Part XIV Supplemental Information *(continued)*

TRANSITION. THE AGENCY CONDUCTS BUSINESS SOLELY IN THE U.S. AND, AS A RESULT, FILES INFORMATIONAL TAX RETURNS FOR U.S. AND ILLINOIS. IN THE NORMAL COURSE OF BUSINESS THE AGENCY IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES. THE AGENCYS TAX RETURNS FOR YEARS SUBSEQUENT TO FISCAL YEAR 2006 ARE OPEN, BY STATUTE, FOR REVIEW BY AUTHORITIES. HOWEVER, AT PRESENT, THERE ARE NO ONGOING INCOME TAX AUDITS OR UNRESOLVED DISPUTES WITH THE VARIOUS TAX AUTHORITIES THAT THE AGENCY CURRENTLY FILES OR HAS FILED WITH. THE ADOPTION OF THIS GUIDANCE DID NOT HAVE ANY MATERIAL EFFECT ON THE AGENCYS FINANCIAL POSITION, RESULTS OF OPERATIONS OR CASH FLOWS AS OF SEPTEMBER 30, 2009 OR FOR SUBSEQUENT PERIODS.

PRIOR TO THE ADOPTION OF THE GUIDANCE, THE AGENCYS POLICY WAS TO RECOGNIZE A LIABILITY FOR UNCERTAIN TAX POSITIONS BASED ON MANAGEMENTS ESTIMATE OF WHETHER IT WAS PROBABLE THAT A LIABILITY WAS INCURRED AND THAT AMOUNT COULD BE REASONABLY ESTIMATED. NO LIABILITY WAS DEEMED NECESSARY FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2009.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES RELATED TO SPECIAL EVENT: 41657.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES RELATED TO FUNDRAISING: 41657.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ 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: AGEOPTIONS, INC.

Employer identification number: 36-2806193

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? Yes	(iii) No	(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
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

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 CELEBRATING AGING (event type)	(b) Event #2 ANNUAL LUNCHEON (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	69,333.	5,953.	5,160.	80,446.
	2 Less Charitable contributions	7,053.	5,953.	5,160.	18,166.
	3 Gross revenue (line 1 minus line 2)	62,280.			62,280.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	17,750.			17,750.
	7 Other direct expenses	23,907.			23,907.
	8 Direct expense summary Add lines 4 through 7 in column (d)			▶	(41,657.)
	9 Net income summary Combine lines 3 and 8 in column (d)			▶	20,623.

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				
Direct Expenses	2 Cash prizes				
	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)			▶	

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
9a	Is the organization licensed to operate gaming activities in each of these states?		
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b	If "Yes," Explain		
11	Does the organization operate gaming activities with nonmembers?		
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?		

			Yes	No
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 I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

AGEOPTIONS, INC.

Employer identification number

36-2806193

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? [X] 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 any 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
AA OF SOUTHWESTERN ILLINOIS 2365 COUNTRY ROAD BELLEVILLE, IL 62221	37-0986597	501C3	6,485.	0.			ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH
AGING CARE CONNECTIONS 111 WEST HARIS AVE. LA GRANGE, IL 60526	37-0981610	501C3	522,265.	0.			SOCIAL, NUTRITION, HEALTH ASSISTANCE AND PROMOTION, ELDER ABUSE INTERVENTION, CAREGIVER SERVICES FOR
APNA GHAR INC. 4753 N BROADWAY, SUITE 632 CHICAGO, IL 60640	36-3698770	501C3	5,000.	0.			HEALTH PROMOTION SERVICES FOR MINORITY ELDERLY
ARAB AMERICAN FAMILY SERVICES 9044 S. OCTAVIA BURBANK, IL 60455	60-0002593	501C3	18,540.	0.			SOCIAL SERVICES FOR MINORITY ELDERLY AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE
BLOOM TWNSHP. SENIOR SERVICES 425 S. HALSTED STREET CHICAGO HEIGHTS, IL 60411	36-6009584	BLOOM TOWNSHIP	62,739.	0.			SOCIAL SERVICES FOR THE ELDERLY; MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT; AND
BRITISH HOME-STAYING AT HOME 8700 WEST 31ST STREET BROOKFIELD, IL 60513	36-2169132	501C3	9,590.	0.			RESPITE ASSISTANCE FOR CAREGIVERS

2 Enter total number of section 501(c)(3) and government organizations ▶ 48.

3 Enter total number of other organizations ▶ 0.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) 2008**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

832101 12-18-08

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

SCHEDULE I, PART I, LINE 2: POLICY:

TO ENSURE THAT AGEOPTIONS IS IN COMPLIANCE WITH FEDERAL AND STATE REGULATIONS, AND THAT GRANT FUNDS ARE EXPENDED APPROPRIATELY AND ECONOMICALLY IN COMPLIANCE WITH AGEOPTIONS GRANT REQUIREMENTS AND SERVICE PROVIDER BUDGETS, AGEOPTIONS WILL PERFORM ONSITE PROGRAM, AND IN SOME CASES FISCAL, MONITORING OF ALL FUNDED AGENCIES AT LEAST ONCE EVERY THREE YEARS. REVIEW TOOLS WILL BE DEVELOPED AND REVISED BY AGEOPTIONS STAFF FOR EACH PROGRAM TO BE MONITORED.

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
AGEOPTIONS, INC.

Employer identification number
36-2806193

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
CALUMET TOWNSHIP 12633 S. ASHLAND CALUMET PARK, IL 60827	36-6006229	CALUMET TOWNSHIP	39,728.	0.			NUTRITION SERVICES FOR ELDERLY
CATHOLIC CHARITIES OF LAKE CO 671 S. LEWIS AVENUE WAUKEGAN, IL 60085	36-2170821	501C3	6,660.	0.			SOCIAL SERVICES FOR THE ELDERLY
CATHOLIC CHARITIES-NORTH 671 S. LEWIS AVENUE WAUKEGAN, IL 60085	36-2170821	501C3	35,587.	0.			NUTRITION SERVICES FOR ELDERLY
CATHOLIC CHARITIES-NW 1801 W. CENTRAL RD ARLINGTON HEIGHTS, IL 60005	36-2170821	501C3	511,566.	0.			SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY; AND ASSISTANCE FOR
CATHOLIC CHARITIES-SOUTH 15300 SOUTH LEXINGTON HARVEY, IL 60426	36-2170821	501C3	1,761,720.	0.			SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR
CEDA OF COOK COUNTY INC 208 S LASALLE ST SUITE 1900 CHICAGO, IL 60604	36-2597741	501C3	30,366.	0.			SOCIAL SERVICES FOR THE ELDERLY AND PROVIDE MEDICARE EDUCATION, OUTREACH, AND POLICY
CENTER OF CONCERN 1580 NORTH NORTHWEST HWY, S223 PARK RIDGE, IL 60068	36-2984360	501C3	90,342.	0.			SOCIAL SERVICES FOR THE ELDERLY
CHGO DEPT OF FAMILY & SUPPORT 30 N. LASALLE SUITE #2320 CHICAGO, IL 60602	36-6005820	CHICAGO	25,082.	0.			ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION

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
AGEOPTIONS, INC.

Employer identification number
36-2806193

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
CJE SENIORLIFE 3003 W TOUHY AVENUE CHICAGO, IL 60645	36-2727597	501C3	193,025.	0.			SOCIAL AND NUTRTION SERVICES FOR THE ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE
COALITION LTD ENG SPK ELDERLY 53 W. JACKSON BLVD, SUITE 1301 CHICAGO, IL 60604	36-3643461	501C3	6,500.	0.			ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION
COMMUNITY NUTRITION NETWORK 208 SOUTH LASALLE STREET, SUITE 190 CHICAGO, IL 60604	36-4394010	501C3	2,820,836.	0.			NUTRITION SERVICES FOR ELDERLY
DES PLAINES COMMUNITY SR CNTR 515 E. THACKER ST. DES PLAINES, IL 60016	36-2884456	501C3	68,546.	0.			NUTRITION SERVICES FOR ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS
EVANSTON COMMISSION ON AGING 2100 RIDGE AVENUE EVANSTON, IL 60201	36-6005870	EVANSTON	50,563.	0.			OMBUDSMAN SERVICES FOR THE ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE
FRISBIE SENIOR CENTER 515 E. THACKER ST. DES PLAINES, IL 60016	36-2884456	DES PLAINES	7,137.	0.			NUTRITION SERVICES FOR ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS
GRAND PRAIRIE SERVICES 17746 S. OAK PARK AVE TINLEY PARK, IL 60477	36-2362364	501C3	60,616.	0.			NUTRITION SERVICES FOR ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS
HANOVER TOWNSHIP 240 SOUTH ILLINOIS ROUTE 59 BARTLETT, IL 60103	36-2750477	501C3	16,723.	0.			SOCIAL SERVICES FOR ELDERLY

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HANUL FAMILY ALLIANCE 1166 S ELMHURST ROAD MOUNT PROSPECT, IL 60056	36-3519498	501C3	75,395.	0.			SOCIAL SERVICES FOR MINORITY ELDERLY
INTERFAITH HOUSING CENTER 614 LINCOLN AVENUE WINNETKA, IL 60093	36-2934709	501C3	30,801.	0.			SOCIAL SERVICES FOR THE ELDERLY
KENNETH YOUNG CENTER 1001 ROHLWING RD ELK GROVE VILLAGE, IL 60007	23-7181444	501C3	394,450.	0.			SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY; AND ASSISTANCE FOR
LEGAL ASSISTANCE FOUND OF CHGO 111 E. JACKSON, 3RD FL. CHICAGO, IL 60604	36-2754650	501C3	638,890.	0.			OMBUDSMAN, LEGAL ASSISTANCE FOR ELDERLY, AND LEGAL ASSISTANCE FOR NON-PARENT RELATIVES
LEYDEN FAMILY SENIOR SERVICE 10001 W. GRAND AVE FRANKLIN PARK, IL 60131	36-2235147	501C3	122,279.	0.			SOCIAL SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS
METRO ASIAN FAMILY CENTER 7541 N. WESTERN CHICAGO, IL 60645	36-3925432	501C3	131,979.	0.			SOCIAL SERVICES FOR MINORITY ELDERLY
METRO FAMILY SERV EVNS/SKOKIE 1 NORTH DEARBORN 10TH FLOOR CHICAGO, IL 60602	36-2167940	501C3	193,631.	0.			ELDER ABUSE INTERVENTION SERVICES
NORTH SHORE SENIOR CENTER 161 NORTHFIELD RD NORTHFIELD, IL 60093	36-2366074	501C3	751,297.	0.			SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR

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NORTHWEST ILL. AREA AG ON AGIN 2576 CHARLES STREET ROCKFORD, IL 61108	36-2742719	501C3	6,772.	0.			ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH
OAK PARK TOWNSHIP 418 S. OAK PARK AVE. OAK PARK, IL 60302	36-6006388	OAK PARK TOWNSHI	364,218.	0.			SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR
P.A.T.S.E. 10335 S. ROBERTS ROAD PALOS HILLS, IL 60465	36-2423640	PALOS HILLS	236,638.	0.			SOCIAL SERVICES FOR ELDERLY
PALATINE TOWNSHP SEN CITZ CNCL 505 S. QUENTIN RD PALATINE, IL 60067	36-2781764	501C3	51,922.	0.			SOCIAL SERVICES FOR ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS
PLOWS COUNCIL ON AGING 7808 W. COLLEGE DRIVE, SUITE 5E PALOS HEIGHTS, IL 60463	36-2882809	501C3	606,440.	0.			SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR
PROGRESS CNTR-INDEPEND LIVING 7521 MADISON FOREST PARK, IL 60130	36-3595485	501C3	100,412.	0.			PROVIDE ACCESS TO PUBLIC SUPPORT PROGRAMS FOR ELDERLY AND PEOPLE WITH DISABILITIES, AND PROVIDE
SENIOR SERVICES ASSOCIATES 101 S. GROVE ELGIN, IL 60120	36-2775102	501C3	6,660.	0.			ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH
SENIORS ASSISTANCE CENTER 7774 W. IRVING PARK ROAD NORRIDGE, IL 60706	36-2918912	501C3	177,134.	0.			SOCIAL AND NUTRITION SERVICES FOR ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS

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SOLUTIONS FOR CARE 7222 WEST CERMAK ROAD #200 NORTH RIVERSIDE, IL 60546	23-7176798	501C3	410,875.	0.			SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND PROVIDE MEDICARE
STICKNEY TWNSHP. OFF. ON AGING 5635 STATE ROAD BURBANK, IL 60459	36-6006465	STICKNEY TOWNSHI	397,374.	0.			SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR
THORNTON TOWNSHIP 333 EAST 162ND STREET SOUTH HOLLAND, IL 60473	36-6006473	THORNTON TOWNSHI	23,157.	0.			SOCIAL SERVICES FOR ELDERLY
TOWNSHIP OF SCHAUMBURG ONE ILLINOIS BLVD HOFFMAN ESTATES, IL 60194	36-2499040	TOWNSHIP OF SCHA	23,058.	0.			SOCIAL SERVICES FOR ELDERLY
UIC-DEPT OF PHARMACY PRACTICE 833 S. WOOD M/C 886 CHICAGO, IL 60612	37-6000511	501C3	51,157.	0.			HEALTH PROMOTION SERVICES FOR ELDERLY
URHAI COMMUNITY SERVICE CENTER 2945 W PETERSON AVE, S-204 CHICAGO, IL 60659	36-4427299	501C3	16,142.	0.			SOCIAL AND NUTRITION SERVICES FOR MINORITY ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS
WEST SUBURBAN SENIOR SERVICES 439 BOHLAND BELLWOOD, IL 60104	36-2759604	501C3	565,161.	0.			SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR
WESTERN ILLINOIS AAA 729 34TH AVENUE ROCK ISLAND, IL 61201	36-2801332	501C3	6,510.	0.			ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH

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WHITE CRANE WELLNESS CENTER 1355 W. FOSTER CHICAGO, IL 60640	36-3719545	501C3	68,698.	0.			HEALTH PROMOTION SERVICES FOR ELDERLY
XILIN ASSOCIATION 1163 E. OGDEN AVE. SUITE 300 NAPERVILLE, IL 60563	36-3890616	501C3	120,821.	0.			SOCIAL AND NUTRITION SERVICES FOR MINORITY ELDERLY

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

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Part IV . Supplemental Information

PROGRAM PERFORMANCE MONITORING:

AGEOPTIONS WILL MONITOR SERVICE PROVIDERS TO DETERMINE THAT THEY ARE OPERATING EFFECTIVELY AND ACCORDING TO APPLICABLE PROGRAM PERFORMANCE STANDARDS. ASPECTS OF PROGRAM PERFORMANCE THAT MAY BE MONITORED INCLUDE:

1. PERFORMANCE OF THE SERVICE AND ACTIVITIES SPECIFIED IN THE APPROVED PROJECT APPLICATION OR AREA PLAN;

2. CONFORMANCE WITH THE STAFFING AND RELATED SERVICE PROVIDER CAPABILITY CONDITIONS OF THE AWARD;

3. CONFORMANCE WITH ALL CIVIL RIGHTS, EQUAL EMPLOYMENT OPPORTUNITY, AND MINORITY CONTRACTOR REQUIREMENTS, FEDERAL AND STATE REGULATIONS; AND

4. OTHER PERFORMANCE ASPECTS, AS APPROPRIATE

FISCAL MONITORING

AGEOPTIONS WILL MONITOR SERVICE PROVIDERS TO DETERMINE THAT EACH ESTABLISHES AND OPERATES ITS FISCAL SYSTEM ACCORDING TO THE CONDITIONS OFTHE AWARD DOCUMENT AND TO ENSURE THAT FUNDS ARE REQUESTED AND EXPENDED ACCORDING TO SERVICE PROVIDER NEEDS AND ELIGIBLE COSTS. SPECIFIC ASPECTS OF FISCAL OPERATIONS THAT MAY BE MONITORED INCLUDE:

1. ADEQUACY OF THE FISCAL SYSTEM AND PROCEDURES USED BY THE SERVICE PROVIDER;

2. ADEQUACY OF FISCAL REPORTING INFORMATION

3. SERVICE PROVIDER UNDERSTANDING OF FISCAL REQUIREMENTS AND CAPABILITY TO PERFORM;

4. PROPER USE OF GRANT FUNDS, AS PROSCRIBED BY THE AWARD DOCUMENT AND FEDERAL, STATE AND AREA AGENCY REQUIREMENTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AGING CARE CONNECTIONS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL, NUTRITION, HEALTH ASSISTANCE AND PROMOTION, ELDER ABUSE INTERVENTION, CAREGIVER SERVICES FOR THE ELDERLY, ACCESS TO PUBLIC SUPPORT PROGRAMS FOR ELDERLY

NAME OF ORGANIZATION OR GOVERNMENT: ARAB AMERICAN FAMILY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL SERVICES FOR MINORITY ELDERLY AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: BLOOM TWNSHP. SENIOR SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL SERVICES FOR THE ELDERLY; MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT; AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES-NW

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY; AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS, AND ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH

NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES-SOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: CEDA OF COOK COUNTY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL SERVICES FOR THE ELDERLY AND PROVIDE MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CJE SENIORLIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL AND NUTRTION SERVICES FOR THE ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: EVANSTON COMMISSION ON AGING

(H) PURPOSE OF GRANT OR ASSISTANCE: OMBUDSMAN SERVICES FOR THE ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: KENNETH YOUNG CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY; AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: LEGAL ASSISTANCE FOUND OF CHGO

(H) PURPOSE OF GRANT OR ASSISTANCE: OMBUDSMAN, LEGAL ASSISTANCE FOR ELDERLY, AND LEGAL ASSISTANCE FOR NON-PARENT RELATIVES RAISING CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: LEYDEN FAMILY SENIOR SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: NORTH SHORE SENIOR CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: OAK PARK TOWNSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL, NUTRITION, HEALTH PROMOTION,

Part IV Supplemental Information

AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: PALATINE TOWNSHP SEN CITZ CNCL

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL SERVICES FOR ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: PLOWS COUNCIL ON AGING

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: PROGRESS CNTR-INDEPEND LIVING

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE ACCESS TO PUBLIC SUPPORT PROGRAMS FOR ELDERLY AND PEOPLE WITH DISABILITIES, AND PROVIDE MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: SENIORS ASSISTANCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL AND NUTRITION SERVICES FOR ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: SOLUTIONS FOR CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND PROVIDE MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS, AND CENSUS OUTREACH

NAME OF ORGANIZATION OR GOVERNMENT: STICKNEY TWNSHP. OFF. ON AGING

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: URHAI COMMUNITY SERVICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL AND NUTRITION SERVICES FOR MINORITY ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: WEST SUBURBAN SENIOR SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OVER, WITH RESOURCES AND OPTIONS FOR CARE SO THAT THEY CAN HAVE A FULL RANGE OF CHOICES AND LIVE THEIR LIVES TO THE FULLEST. OUR ROLE IS TO PLAN, FUND, COORDINATE AND ADVOCATE FOR THIS SPECIAL GROUP AND THEIR FAMILY CAREGIVERS. WE PRIDE OURSELVES IN ADVOCATING FOR SENIORS IN THE AREAS SUCH AS ELDER JUSTICE, CAREGIVING, NUTRITION, MEDICARE, EMPLOYMENT AND ACCESS TO BENEFITS. OUR PRIMARY SERVICE AREA, SUBURBAN COOK COUNTY, INCLUDES 130 COMMUNITIES WITHIN 30 TOWNSHIPS SURROUNDING CHICAGO - HOME TO MORE THAN 2.5 MILLION RESIDENTS AND 454,000 OLDER ADULTS.

THE OLDER AMERICANS ACT TITLE III SOCIAL, NUTRITION, CAREGIVER, AND HEALTH PROMOTION/DISEASE PREVENTION SERVICES ARE CORE SERVICES PROVIDED IN ALL 30 TOWNSHIPS OF SUBURBAN COOK COUNTY. IN FY 2009, 119,000 OLDER ADULTS AND CAREGIVERS WERE SERVED THROUGH THE WIDE RANGE OF TITLE III PROGRAMS INCLUDING HOME DELIVERED AND CONGREGATE DINING, NURSING HOME OMBUDSMAN, LEGAL SERVICE, AND THE OTHER SOCIAL SERVICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

GO UNREPORTED. FINANCIAL EXPLOITATION IS THE MOST REPORTED FORM OF ABUSE AND ACCOUNTS FOR OVER 50% OF ALL CASES.

AS PART OF THE ILLINOIS DEPARTMENT ON AGING'S ELDER ABUSE AND NEGLECT PROGRAM, AGEOPTIONS CONTRACTS WITH TEN (10) ELDER ABUSE PROVIDER AGENCIES IN SUBURBAN COOK COUNTY THAT INVESTIGATE AND INTERVENE IN CASES OF POSSIBLE ELDER ABUSE. IN ILLINOIS THE ELDER ABUSE AND NEGLECT

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PROGRAM IS BASED ON AN ADVOCACY MODEL AND IS A VICTIM GUIDED PROCESS THAT RESPECTS A VICTIM'S RIGHT TO SELF-DETERMINATION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PARTICIPANTS HAVE FAMILY INCOME AT OR BELOW THE FEDERAL POVERTY GUIDELINE AND 71% OF SCSEP PARTICIPANTS WERE FEMALE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: STATE/GRF - GENERAL REVENUE FUNDS FOR THE PURPOSE OF ABUSE INTERVENTION, TRANSPORTATION, OUT-REACH AND HOME DELIVERED MEALS. EXPENSES $ 4016566. INCLUDING GRANTS OF $ 3875849. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE CHIEF EXECUTIVE SHALL ENSURE THAT TAX PAYMENTS AND OTHER GOVERNMENT-ORDERED PAYMENTS OR FILINGS ARE FILED IN A TIMELY AND ACCURATE MANNER.

THE CHIEF EXECUTIVE SHALL SIGN AND CERTIFY THAT IRS FORM 990 IS ACCURATE AND COMPLETE.

THE AUDIT/FINANCE COMMITTEE SHALL REVIEW AND APPROVE IRS FORM 990 ANNUAL TAX FILING PRIOR TO SUBMISSION, AND THE FULL BOARD SHALL RECEIVE A COPY OF IRS FORM 990 WITHIN 30 DAYS PRIOR TO ITS SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, PRIOR TO THE OCTOBER BOARD MEETING THE "BOARD OF DIRECTORS/ADVISORY COUNCIL DISCLOSURE STATEMENT" IS MAILED TO ALL MEMBERS. THE COMPLETED FORM IS REQUIRED TO BE

SUBMITTED PRIOR TO OR AT THAT MEETING. THE COMPLETED, RETURNED, SIGNED STATEMENTS ARE REVIEWED FOR ANY CONFLICTS. IF ANY THEY ARE RESOLVED. ADDITIONALLY, AS EACH NEW MEMBER IS ADDED TO THE BOARD THIS STATEMENT IS COMPLETED PRIOR TO THE BOARD APPROVAL OF THE NEW MEMBER.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD HAS THE AUTHORITY TO HIRE, EMPLOY AND COMPENSATE THE CHIEF EXECUTIVE OFFICER WHO WILL CARRY OUT THE RESPONSIBILITIES AS OUTLINED IN THE BY-LAWS (SEE SECTION 3.5 BELOW).

THE BOARD RETAINS THE AUTHORITY TO ESTABLISH COMPENSATION GUIDELINES FOR ANNUAL SALARY AND COMPENSATION REVIEWS. THE FINANCE COMMITTEE WILL REVIEW AND APPROVE THE AGENCY BUDGET INCLUDING THE IDENTIFICATION OF RESOURCES FOR COMPENSATION OF EMPLOYEES. THE EXECUTIVE COMMITTEE WILL REVIEW AND APPROVE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEES ANNUALLY.

IT WILL BE A GOAL TO CONDUCT COMPREHENSIVE COMPENSATION REVIEWS AND REVIEW THE COMPENSATION PHILOSOPHY AT A MINIMUM OF EVERY FIVE YEARS AND MORE FREQUENTLY, AS THE BOARD DESIRES.

EXCERPT FROM AGEOPTIONS BY-LAWS

SECTION 3.5. PRESIDENT. THE PRESIDENT SHALL BE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION HIRED BY THE BOARD AND SHALL HAVE RESPONSIBILITY FOR THE GENERAL AND ACTIVE MANAGEMENT OF THE AFFAIRS, ACTIVITIES AND DAILY BUSINESS OF THE CORPORATION, SUBJECT TO ALL POLICIES AND PROCEDURES ADOPTED BY THE BOARD. SUBJECT TO THE DIRECTION AND CONTROL OF THE BOARD, HE/SHE SHALL BE IN CHARGE OF ENSURING THAT THE RESOLUTIONS AND DIRECTIVES OF THE BOARD ARE

CARRIED OUT, EXCEPT IN THOSE INSTANCES IN WHICH THE BOARD OR THESE BY-LAWS ASSIGN THAT RESPONSIBILITY TO SOME OTHER PERSON. EXCEPT IN THOSE INSTANCES IN WHICH THE BOARD EXPRESSLY DELEGATES THE EXCLUSIVE AUTHORITY TO EXECUTE TO ANOTHER OFFICER OR AGENT OF THE CORPORATION, THE PRESIDENT, WITH AUTHORITY FROM THE BOARD OR EXECUTIVE COMMITTEE, SHALL SIGN FOR THE CORPORATION ANY AGREEMENTS, APPLICATIONS, CONTRACTS, DEEDS, MORTGAGES, BONDS OR OTHER INSTRUMENTS AND GRANT AWARDS, OBLIGATING THE CORPORATION'S ACTION OR FUNDS. IN ADDITION TO THE AUTHORITY CONFERRED ON THE PRESIDENT IN THESE BYLAWS, THE BOARD MAY AUTHORIZE ANY OTHER OFFICER OR OFFICERS, AGENT OR AGENTS, INCLUDING BUT NOT LIMITED TO THE PRESIDENT, TO ENTER INTO ANY CONTRACT OR EXECUTE AND DELIVER ANY INSTRUMENT IN THE NAME OF AND ON BEHALF OF THE CORPORATION, AND SUCH AUTHORITY MAY BE GENERAL OR CONFINED TO SPECIFIC INSTANCES. THE PRESIDENT SHALL EMPLOY AND DIRECT ALL PERSONNEL NECESSARY FOR THE CONDUCT AND WORK OF THE CORPORATION AND SHALL PERFORM SUCH OTHER DUTIES AS MAY BE ASSIGNED BY THE BOARD. THE PRESIDENT OR HIS/HER DESIGNEE SHALL ATTEND-ALL MEETINGS OF THE BOARD AND OF THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ..... ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return. See instructions.	AGEOPTIONS, INC.		36-2806193
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	1048 LAKE STREET, NO. 300		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	OAK PARK, IL 60301		

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

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

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

BRUCE MATSON

• The books are in the care of ▶ 1048 LAKE ST., SUITE 300, OAK PARK, IL - 60301-1055

Telephone No. ▶ 708-383-0258 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 is for.

4 I request an additional 3-month extension of time until AUGUST 15, 2010.

5 For calendar year _____, or other tax year beginning OCT 1, 2008, and ending SEP 30, 2009.

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

7 State in detail why you need the extension

REQUEST ADDITIONAL TIME IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

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

Signature ▶ [signature] Title ▶ CPA Date ▶ 5/17/10

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- 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	Employer identification number
File by the due date for filing your return. See instructions.	AGEOPTIONS, INC.	36-2806193
	Number, street, and room or suite no. If a P.O. box, see instructions. 1048 LAKE STREET, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OAK PARK, IL 60301	

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

[X] 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

- The books are in the care of ▶ BRUCE MATSON 1048 LAKE ST., SUITE 300, OAK PARK, IL - 60301-1055
  Telephone No. ▶ 708-383-0258 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
▶ [X] 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.