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Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

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

2

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

Yes

☒

No

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

3

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

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 3,503,902 including grants of \$) (Revenue \$)

Home Delivered Meals-Provision of one hot meal per day for those who are shut-in and age 60 and over, through 7 vendors in 7 counties These vendors provided a total of 617,933 meals

4b

(Code) (Expenses \$ 1,814,639 including grants of \$) (Revenue \$)

INFORMATION AND ASSISTANCE PROVIDES INDIVIDUALS WITH CURRENT INFORMATION ON SENIOR SERVICES AVAILABLE IN THEIR COMMUNITIES WE SERVE OVER 52,402 INDIVIDUALS IN 8 COUNTIES WITH AN ADMINISTRATIVE BUDGET OF \$1,814,639

4c

(Code) (Expenses \$ 1,273,889 including grants of \$) (Revenue \$)

CONGREGATE MEALS-186,049 meals were served

4d

Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses \$ 4,099,076 including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 10,691,506

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S ? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a4		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a29		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3a	No
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	No
	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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	No
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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
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	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
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 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
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				
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		12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body . . .		
1b	Enter the number of voting members that are independent . . .		
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?		No
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? . . .		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?		No
9	Is there any officer, director, 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		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	If "Yes" to line a or b, 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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶IL
18	Section 6104 requires an organization to make its Form 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Curt Spencer KCC West Campus Bldg 5 River Rd Kankakee, IL 609010809 (815) 939-0727

1b	Total	96,545	0	11,422
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

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		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) 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	45,366				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	11,909,824				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	40,668				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						11,995,858
Program Service Revenue	2a		Business Code					
	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)		3,687			3,687
4		Income from investment of tax-exempt bond proceeds . . .						
5		Royalties						
6a		Gross Rents	(i) Real (ii) Personal					
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other					
b		Less cost or other basis and sales expenses						
c		Gain or (loss)						
d		Net gain or (loss)						
8a		Gross income from fundraising events (not including \$ 45,366 of contributions reported on line 1c) See Part IV, line 18		a	150,749	85,342		85,342
b		Less direct expenses	b	65,407				
c		Net income or (loss) from fundraising events . . .						
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								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			12,084,887	0	0	89,029	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	10,691,506	10,691,506		
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	95,001		95,001	
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	805,934		805,934	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	44,972		44,972	
9	Other employee benefits	160,435		160,435	
10	Payroll taxes	67,442		67,442	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,145		1,145	
c	Accounting	15,002		15,002	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	28,580		28,580	
12	Advertising and promotion	9,643		9,643	
13	Office expenses	88,511		88,511	
14	Information technology				
15	Royalties				
16	Occupancy	107,772		107,772	
17	Travel	11,622		11,622	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,632		13,632	
20	Interest	1,922		1,922	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	13,952		13,952	
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	MISCELLANEOUS	54,169		50,574	3,595
b	DUES & MEMBERSHIPS	16,193		16,193	
c	AUTO	5,690		5,690	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	12,233,123	10,691,506	1,538,022	3,595
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			100	1	100
	2	Savings and temporary cash investments			2,493,343	2	2,157,084
	3	Pledges and grants receivable, net			395,581	3	130,267
	4	Accounts receivable, net			5,948	4	4,408
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,894,972	16	2,291,859
Liabilities	17	Accounts payable and accrued expenses			46,504	17	71,725
	18	Grants payable			1,198,462	18	707,632
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial 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 to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			51,770	25	62,502
	26	Total liabilities. Add lines 17 through 25			1,296,736	26	841,859
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,304,980	27	1,158,751
	28	Temporarily restricted net assets			293,256	28	291,249
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,598,236	33	1,450,000
	34	Total liabilities and net assets/fund balances			2,894,972	34	2,291,859

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Northeastern Illinois Area Agency on Agi AGENCY ON AGING	Employer identification number 36-2743881
---	--

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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 Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(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 IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	110,421,666	11,815,431	10,936,494	12,063,002	11,995,858	157,232,451
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 through 3	110,421,666	11,815,431	10,936,494	12,063,002	11,995,858	157,232,451
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						157,232,451

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	110,421,666	127,059	10,936,494	12,063,002	11,995,858	157,232,451
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	103,850	127,059	65,491	10,822	3,687	310,909
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						157,543,360

12 Gross receipts from related activities, etc (See instructions)

121,211,395

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	99 800 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	99 770 %

- 16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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—2008. 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 IIISupport Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Northeastern Illinois Area Agency on Agi
AGENCY ON AGING

Employer identification number

36-2743881

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II

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

1

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

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

2

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

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

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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▶\$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

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

Escrow and Custodial Arrangements. Complete if the 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 the organization answered "Yes" to Form 990, Part IV, line 10.

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other			
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶			0

Schedule D (Form 990) 2009

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)	112,084,887
2	Total expenses (Form 990, Part IX, column (A), line 25)	12,233,123
3	Excess or (deficit) for the year Subtract line 2 from line 1	-148,236
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-148,236

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	112,150,294
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d65,407	
e	Add lines 2a through 2d2e	65,407
3	Subtract line 2e from line 13	12,084,887
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	12,084,887

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	12,298,530
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d65,407	
e	Add lines 2a through 2d2e	65,407
3	Subtract line 2e from line 13	12,233,123
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	12,233,123

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. Also complete this part to provide any additional information.		
Identifier	Return Reference	Explanation
		SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE - \$65,407

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Northeastern Illinois Area Agency on Aging
AGENCY ON AGING

Employer identification number

36-2743881

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

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 activities?

☐ Yes ☐ No

b

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

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

3

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

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			SENIOR LIFESTYLE EXPOS	BRUNCH	3	(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	93,474	76,531	26,110	196,115
	2	Less Charitable contributions		45,366		45,366
	3	Gross income (line 1 minus line 2)	93,474	31,165	26,110	150,749
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	33,901	12,446	4,468	50,815
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	5,213	7,238	2,141	14,592
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶				65,407
	11	Net income summary Combine lines 3, column d, and line 10. ▶				85,342

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.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
	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, column d, and line 7 ▶				

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

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter 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 United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
Northeastern Illinois Area Agency on Aging
AGENCY ON AGING

Employer identification number
36-2743881

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 ▶ ☐

(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
See Additional Data Table							

- 2

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

Enter total number of other organizations ▶

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

[illegible]

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

[illegible]

Software ID:

Software Version:

EIN: 36-2743881

Name: Northeastern Illinois Area Agency on Aging
AGENCY ON AGING**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(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
Catholic CharitiesDiocese of Joliet 203 N Ottawa 3rd Floor Joliet, IL 60432	36-2170817	501(c)(3)	286,504		n/a	n/a	Social services for the elderly
Catholic CharitiesLake County 671 S Lewis Ave WAUKEGAN, IL 60085	36-2170821	501(c)(3)	1,503,203		n/a	n/a	Meals and social services for the elderly
Dupage County Department of Human Resources421 N County Farm Rd Wheaton, IL 60187	36-6006551	Dupage County, IL	1,159,067		n/a	n/a	Social services for the elderly
DUPAGE SENIOR Citizen's Council1919 S Highland Bldg A Ste 210 Lombard, IL 60148	36-2988023	501(c)(3)	1,518,291		n/a	n/a	Meals for the elderly
SOUTHLAND SENIOR SERVICES25864 S CHESTNUT RD MONEE, IL 60449	36-2915827	501(c)(3)	110,870		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
Family Counseling Services of Aurora70 S River St AURORA, IL 60506	36-2195470	501(c)(3)	66,272		n/a	n/a	Social services for the elderly
Grundy County Health Department1320 Union St MORRIS, IL 60450	36-6006567	501(c)(3)	118,840		n/a	n/a	Social services for the elderly
Kankakee County Community Services657 E Court St KANKAKEE, IL 60901	36-3478633	501(c)(3)	284,254		n/a	n/a	Meals for the elderly
Metropolitan Family Services of Dupage County222 E Willow St Wheaton, IL 60187	36-2167940	501(c)(3)	232,206		n/a	n/a	Social services for the elderly
Prairie State Legal Services 975 N Main St ROCKFORD, IL 61103	37-1030764	501(c)(3)	376,418		n/a	n/a	Social services for the elderly

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Salvation Army Nutrition Program1031 E State St GENEVA,IL 60134	38-1370971	501(c)(3)	945,586		n/a	n/a	Meals for the elderly
Senior Services Associates 101 S Grove St ELGIN,IL 60120	36-2775102	501(c)(3)	1,354,315		n/a	n/a	Social services for the elderly
Senior Services of Will County310 N Joliet St Joliet,IL 60431	36-2615835	501(c)(3)	1,623,578		n/a	n/a	Meals and social services for the elderly
Elderday Center8 S Lincoln St BATAVIA,IL 60510	36-3731502	501(c)(3)	19,512		n/a	n/a	Social services for the elderly
Family Alliance2028 N Seminary Ave WOODSTOCK,IL 60098	36-3152022	501(c)(3)	12,402		n/a	n/a	Social services for the elderly
Kendall County Health & Human Services - Grundy811 W John St YORKVILLE,IL 60560	36-6006598	KENDALL COUNTY, IL	9,459		n/a	n/a	Social services for the elderly
Family Service of South Lake County777 Central Ave Suite 17 HIGHLAND PARK,IL 60035	36-2167063	501(c)(3)	199,108		n/a	n/a	Social services for the elderly
MCHENRY TOWNSHIP3703 N RICHMOND RD JOHNSBORO,IL 60051	36-6006360	MCHENRY TOWNSHIP	19,677		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
Village of Oswego100 Parkers Mill place OSWEGO,IL 60543	36-6006036	VILLAGE OF OSWEGO, I	146,290		n/a	n/a	Meals for the elderly
Community Nutrition Network 208 S LaSalle St Suite 1900 CHICAGO,IL 60604	36-4394010	501(c)(3)	340,896		n/a	n/a	Meals for the elderly

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Legal Assistance Foundation of Metro Chicago828 Davis St Suite 201 EVANSTON,IL 60201	36-2754650	501(c)(3)	88,243		n/a	n/a	Social services for the elderly
Fall Prvention Clinics of America710 E Ogden Ave Suite 250 Napervill IL 60563 NAPERVILLE,IL 60563	76-0812294	501(c)(3)	23,006		n/a	n/a	Social services for the elderly
ZION PARK DISTRICT2400 DOWIE MEMORIAL DR ZION,IL 60099	99-9999999	ZION PARK DISTRICT	54,285		N/a	N/a	MEALS AND SOCIAL SERVICES TO THE ELDERLY
VISTING NURSES ASSOCIATION OF FOX VALLEY400 N HIGHLAND AVE AURORA,IL 60506	36-2182095	501(c)(3)	7,000		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
Fox Valley United Way40 W Downer Place AURORA,IL 60506	36-2195467	501(c)(3)	8,151		n/a	n/a	Social services for the elderly
Family and Friends Adult Daycare105 McDonough JOLIET,IL 60432	38-3674493	501(c)(3)	12,026		n/a	n/a	Social services for the elderly
Northeastern Illinois Area Agency on AgingPO Box 809 KANKAKEE,IL 60901	36-2743881	501(c)(3)	68,723		n/a	n/a	Meals and social services for the elderly
Dupage County Community Services421 N County Farm Rd WHEATON,IL 60187	36-6006551	501(c)(3)	14,954		n/a	n/a	Social services for the elderly
Family Shelter Services605 E Roosevelt Rd Wheaton,IL 60187	36-2883552	501(c)(3)	11,198		n/a	n/a	Social services for the elderly
Xilin Association1163 E Ogden Ave Suite 300A NAPERVILLE,IL 60563	36-3890616	501(c)(3)	30,343		n/a	n/a	Social services for the elderly

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ESSE Adult Daycare515 S Wheaton Ave Wheaton,IL 60187	36-3188585	501(c)(3)	2,566		n/a	n/a	Social services for the elderly
Community Adult Daycare4501 MAIN ST DOWNERS GROVE,IL 60515	36-3459984	501(c)(3)	8,399		n/a	n/a	Social services for the elderly
ACCESS DUPAGE511 THORNHILL DR M CAROL STREAM,IL 60188	36-4448208	501(c)(3)	8,319		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
CRISIS LINE OF WILLGRUNDY COUNTIESPO BOX 2354 JOLiet,IL 60434	51-0188636	501(c)(3)	2,007		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
Great American Bagel1101 Essington Rd Joliet,IL 60435	99-9999999		3,625		n/a	n/a	Holiday meals for the elderly
DUPAGE CONVALESCENT CENTER400 N COUNTY FARM RD WHEATON,IL 60187	36-6006551	501(c)(3)	2,082		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
DUPAGE HOUSING AUTHORITY711 S ROOSEVELT RD WHEAton,IL 60187	36-6108690	Dupage Housing Autho	1,531		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
GUARDIAN ANGEL COMMUNITY SERVICES1550 PLAINFIELD RD JOLiet,IL 60435	36-2170860	501(c)(3)	121		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
HESED HOUSE659 S RIVER ST AURORA,IL 60506	36-3285644	501(c)(3)	497		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
DUPAGE CENTER FOR INDEPENDENT LIVING739 ROOSEVELT RD BLDG SUITE 109 GLEN ELLYN,IL 60137	36-3730790	501(c)(3)	3,000		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FITE CENTER FOR INDEPENDENT LIVING730 W CHICAGO ST ELGIN,IL 60123	36-3392190	501(c)(3)	3,000		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
LAKE COUNTY CENTER FOR INDEPENDENT LIVING377 N SEYMOUR AVE MUNDELEIN,IL 60060	36-3740114	501(c)(3)	3,000		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
OPTIONS CENTER FOR INDEPENDENT LIVING22 HERITAGE DR SUITE 107 BOURBONNAIS,IL 60914	36-3667955	501(c)(3)	3,000		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
WILL-GRUNDY CENTER FOR INDEPENDENT LIVING 2415 W JEFFERSON ST STUITE A JOLIIEt,IL 60435	36-3397910	501(c)(3)	3,000		N/a	N/a	SOCIAL SERVICES FOR THE ELDERLY
I WAS A GOLFER1222 LEHMEITZ CIRCLE AURORA,IL 60506	20-0865361		2,682		N/a	N/a	HOLIDAY MEALS

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization Northeastern Illinois Area Agency on Agi AGENCY ON AGING	Employer identification number 36-2743881
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8b		NO COMMITTEES AUTHORIZED TO ACT ON BEHALF OF THE GOVERNING BODY
Form 990, Part VI, Section B, line 11		A COPY OF THE FORM 990 IS GIVEN TO THE FISCAL MANAGER FOR REVIEW AND COMPARISON TO THE IN HOUSE ACCOUNTING SOFTWARE FOR ACCURACY
Form 990, Part VI, Section B, line 12c		THE CONFLICT OF INTEREST POLICY IS DISTRIBUTEED ANNUALLY AND SIGNED BY DIRECTORS IF A POTENTIAL CONFLICT SHOULD ARISE IN THE INTERIM, THE EXCUTIVE DIRECTOR WOULD APPROACH THE DIRECTOR OR OFFICER OR KEY EMPLOYEE IMPLICATED AND CLARIFY THE SITUATION
Form 990, Part VI, Section B, line 15		EVERY 2-3 YEARS THE METROPOLITAN CHICAGO AREA AGENCIES ON AGING INITIATE A SALARY SURVEY TO EVALUATE OUR ABILITIES TO COMPETE FOR TALENT IN THE CHICAGO METRO AREA THE RESPONSIBLE AREA AGENCY MAY CHOOSE TO AN IN-HOUSE PROCESS OR ESTABLISH AND AGREEMENT WITH AN OUTSIDE CONTRACTOR THE SURVEY IS DISSEMINATED AMONG COMPARABLE AGENCIES, I E OTHER AREA AGENCIES ON AGING, NON-PROFITS OF SIMILAR SIZE AND SIMILAR STAFFING NEEDS, LARGER NONPROFITS TO WHICH WE HAVE LOSS STAFF--AARP, DHHS-ADIMINSTRATION ON AGING, HOSPITALS, LONG-TERM CARE PROVIDERS CONSULTANTS HAVE INTRODUCED DATA FROM ENTITIES SUCH AS GUIDESTAR, TOWERS NON-PROFIT, WATSON WYATT THE BUREAU OF LABOR STATISTICS IS ROUTINELY INCLUDED CUSTOMARY QUESTIONS ARE ASKED IN THE SURVEY--WAGES, BENEFITS, EDUCATIONAL REQUIREMENTS, ETC--AND RESPONSES ARE FASHIONED INTO COMPARABLE DATA TABLES THE AREA AGENCIES ON AGING SHARE THE DATA NEXT, OUR CURRENT BENEFIT AND COMPENSATION PACKAGES ARE COMPARED TO THE DATA TABLES RESULTS OF THE COMPARISON ARE SHARED WITH THE AGENCY OPERATIONS COMMITTEE, A SUB-COMMITTEE OF THE BOARD OF DIRECTORS IF THE ANALYSIS INDICATES THAT THE CURRENT AAA BENEFITS, AND/OR COMPENSATION PACKAGES PUT US AT A DISADVANTAGE FOR ATTRACTING/RETAINING COMPETENT STAFF, ADJUSTMENTS ARE RECOMMENDED TO THE AGENCY OPERATIONS COMMITTEE FOR THEIR CONSIDERATION THIS DISCERNMENT PROCESS OFTEN REQUIRES SEVERAL MEETINGS BEFORE THE COMMITTEE SENDS A RECOMMENDATION TO THE FULL BOARD DELIBERATIONS ARE DOCUMENTED BY COMMITTEE MINUTES THE FINAL COMPENSATION AND BENEFITS ARE AT THE APPROVAL OF THE BOARD OF DIRECTORS AND SUBJECT TO AVAILABLE RESOURCES ALL POSITIONS, INCLUDING THE EXECUTIVE DIRECTOR, ARE SUBJECT TO THIS PROCESS SUBSTANTIATION OF THESE DELIBERATIONS IS DOCUMENTED BY BOARD MINUTES ADDITIONALLY, INCREASES FOR THE EXECUTIVE DIRECTOR ARE DRIVEN BY PERFORMANCE WHICH IS EVALUATED ANNUALLY BY TOTAL BOARD MEMBERSHIP AND THOSE ADVISORY COUNCIL MEMBERS SERVING ON THE AGENCY OPERATIONS COMMITTEE ANNUAL EVALUATIONS ARE AVAILABLE FOR REVIEW ACTIONS RELATED TO EXECUTIVE COMPENSATION ARE DOCUMENTED BY COMMITTEE AND BOARD MINUTES
Form 990, Part VI, Section C, line 19		UPON RECEIPT OF WRITTEN REQUEST THE ORGANIZATION WILL PROVIDE COPIES OF THE REQUESTED DOCUMENTS
FORM 990, PART XI, LINE 2C		THE PROCESS TO REVIEW THE AUDITED FINANCIAL STATEMENTS HAS NOT CHANGED FROM THAT OF THE PRIOR YEAR
		FORM 990, PART II SIGNATURE LINE CHANGE IN SIGNATURE LINE THE EXECUTIVE DIRECTOR WAS INCORRECTLY REPORTED
FORM , PART VII SECTION A, LINE	BOARD MEMBERS CHANGED	THE LIST OF BOARD MEMBERS CHANGED

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN GROSSINGER CHAIRMAN	2 00	X		X				0	0	0
HELEN J BAKER BOARD MEMBER	2 00	X						0	0	0
VERONICA BOLLERO BOARD MEMBER	2 00	X						0	0	0
RALPH CIANCHETTI BOARD MEMBER	2 00	X						0	0	0
MARIAN FAILOR BOARD MEMBER	2 00	X						0	0	0
ALON JEFFREY BOARD MEMBER	2 00	X						0	0	0
LUELLA KELLOGG 1ST VICE-CHAIRMAN	2 00	X		X				0	0	0
JANET LEONARD 2ND VICE-CHAIRMAN	2 00	X		X				0	0	0
JEAN MCCOLLUM BOARD MEMBER	2 00	X						0	0	0
BARBARA MORRISSETTE BOARD MEMBER	2 00	X						0	0	0
LARRY NOLAN TREASURER	2 00	X		X				0	0	0
ROBERT J O'CONNOR BOARD MEMBER	2 00	X						0	0	0
DANIEL PARSONS SECRETARY	2 00	X		X				0	0	0
BONNIE SABAN BOARD MEMBER	2 00	X						0	0	0
JOHN WILSON BOARD MEMBER	2 00	X						0	0	0
BETTY ZELENT BOARD MEMBER	2 00	X						0	0	0
Lucia West Jones Executive director	38 00			X				96,545	0	11,422

Additional Data

Software ID:
Software Version:
EIN: 36-2743881
Name: Northeastern Illinois Area Agency on Aging
AGENCY ON AGING

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	4,099,076 including grants of \$	) (Revenue \$
Case Management-Provision of case management services to those persons age 60 and over, through 8 vendors in 8 counties These vendors provided a total of 111,372 units of service, WHICH INCLUDED CAREGIVER SERVICES-\$70,847, CIRCUIT BREAKER/PHARMACEUTICAL OUTREACH PROGRAM-\$212,537, COMMUNITY SERVICES-\$85,005, COUNSELING-\$413,991, ELDER ABUSE-\$929,231, FLEXIBLE SENIOR SERVICES-\$89,676, GAP FILLING-\$54,448, HOLIDAY MEALS-\$79,212, HOME HEALTH, RESIDENTIAL REPAIR & IN-HOME RESPITE-\$25,977, HOME INJURY CONTROL-\$34,873, LEGAL-\$391,056, OMBUDSMAN-\$406,156, OUTREACH-\$99,339, RESPITE SERVICES-\$296,386, SENIOR CENTER-281,198, TITLE V SENIOR EMPLOYMENT PROGRAM-\$193,762, TRAINING EDUCATION-\$131,880 AND TRANSPORTATION-\$305,502			