

Form **990**

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)

OMB No 1545-0047

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
PLOWS COUNCIL ON AGING

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

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

D Employer identification number
36-2882809

E Telephone number
(708) 361-0219

F Accounting method: Cash Accrual
 Other (specify) ▶

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

H and **I** are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶

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

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

G Website: ▶ **WWW.PLOWS.8M.COM**

J Organization type (check only one) ▶ 501(c) (03) ◀ (insert no) 4947(a)(1) or 527

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

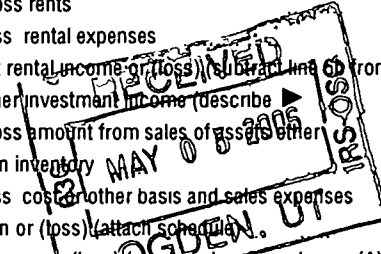
I Group Exemption Number ▶

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,860,902.**

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

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

Net Assets	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	226,462.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	1,508,901.		
	d	Total (add lines 1a through 1c) (cash \$ <u>1,735,363.</u> noncash \$ _____)	1d		1,735,363.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		91,489.	
	3	Membership dues and assessments	3		960.	
	4	Interest on savings and temporary cash investments	4		14,455.	
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
	7	Other investment income (describe _____)	7			
	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	b	Less cost on other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
	8d		8d			
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11		18,635.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		1,860,902.		
Expenses	13	Program services (from line 44, column (B))	13		1,712,497.	
	14	Management and general (from line 44, column (C))	14		26,522.	
	15	Fundraising (from line 44, column (D))	15			
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		1,739,019.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		121,883.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,001,445.	
	20	Other changes in net assets or fund balances (attach explanation)	20		0.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,123,328.	



SCANNED JUL 10 2006

423001 01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

913 B

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	111,492.	55,746.	44,597.
26	Other salaries and wages	26	967,720.	904,156.	58,754.
27	Pension plan contributions	27			
28	Other employee benefits	28	168,706.	150,147.	16,871.
29	Payroll taxes	29	81,565.	72,020.	8,268.
30	Professional fundraising fees	30			
31	Accounting fees	31	14,004.	14,004.	
32	Legal fees	32			
33	Supplies	33	61,701.	61,701.	
34	Telephone	34	17,766.	17,766.	
35	Postage and shipping	35	10,210.	10,210.	
36	Occupancy	36	92,928.	92,928.	
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39	55,343.	55,343.	
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	18,593.		18,593.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 1	43e	138,991.	278,476.	<120,561.>
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,739,019.	1,712,497.	26,522.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? PROVIDE SERVICES TO THE ELDERLY		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a	TITLE III-B PROGRAM. HOME ASSISTANCE TO APPROXIMATELY 9,600 CLIENTS DURING THE FISCAL YEAR. IN ADDITION, APPROXIMATELY \$45,500 IN SERVICES WERE DONATED TO THIS PROGRAM DURING THE YEAR. (Grants and allocations \$ _____)	582,620.
b	CASE COORDINATION UNIT. THIS PROGRAM PROVIDES CASE MANAGEMENT, ASSESSMENTS, AND PRE-NURSING HOME SCREENINGS FOR IN-HOME CLIENTS. THIS PROGRAM SERVED APPROXIMATELY 5,400 IN-HOME CLIENTS. (Grants and allocations \$ _____)	530,637.
c	TITLE III-C2. THIS PROGRAM PROVIDED HOME-DELIVERED MEALS TO APPROXIMATELY 260 CLIENTS DURING THE FISCAL YEAR. APPROXIMATELY \$42,120 IN SERVICES WERE DONATED TO THIS PROGRAM DURING THE YEAR. (Grants and allocations \$ _____)	226,811.
d	ELDER ABUSE PROGRAM. ASSISTANCE AND AID WERE PROVIDED TO APPROXIMATELY 150 PEOPLE UNDER THIS PROGRAM DURING THE FISCAL YEAR. (Grants and allocations \$ _____)	122,011.
e	Other program services (attach schedule) STATEMENT 2 (Grants and allocations \$ _____)	250,418.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,712,497.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	951,060.	45	903,422.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	218,716.	49	263,361.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	13,116.	53	12,252.
	54 Investments - securities ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a Investments - land, buildings, and equipment basis	179,705.		
b Less: accumulated depreciation	97,191.	62,263.	55c	82,514.
56 Investments - other		56		
57 a Land, buildings, and equipment basis				
b Less: accumulated depreciation		57c		
58 Other assets (describe ▶ _____)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1,245,155.	59	1,261,549.	
Liabilities	60 Accounts payable and accrued expenses	35,050.	60	52,120.
	61 Grants payable		61	
	62 Deferred revenue	14,397.	62	14,397.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ ACCRUED VACATION)	194,263.	65	71,704.
66 Total liabilities (add lines 60 through 65)	243,710.	66	138,221.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	959,991.	67	1,076,878.
	68 Temporarily restricted	41,454.	68	46,450.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,001,445.	73	1,123,328.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,245,155.	74	1,261,549.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PROJECT INCOME					91,489.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments			14	960.	
95 Interest on savings and temporary cash investments			14	14,455.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS	711120	6,163.			12,472.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		6,163.		15,415.	103,961.
105 Total (add line 104, columns (B), (D), and (E))					125,539.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PROGRAM SERVICE REVENUE. FEES FOR SERVICES TO SENIORS
103A	MISCELLANEOUS, INCLUDING TAXABLE AD BOOK REVENUE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Preparer's Signature: *Jeff A. Klueder* Date: 3/17/06 Type or print name and title: _____

Preparer's Name: FRANK L. SASSETTI & CO. Address: 6611 W. NORTH AVE. OAK PARK, IL. 60302

Preparer's SSN or PTIN: _____ Check if self-employed: EIN: _____ Phone no: (708) 386-1433

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

PLOWS COUNCIL ON AGING

Employer identification number

36 2882809

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
REBECCA LERFELT 7808 COLLEGE DRIVE, 5 EAST, PALOS HEIGHTS, IL 60463	ASST. DIR. 37.5	77,340.		
RIKI KAUFFMAN 7808 COLLEGE DRIVE, 5 EAST, PALOS HEIGHTS, IL 60463	DEPT DIRECTOR 37.5	63,420.		
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms) if there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is (Please check only **ONE** applicable box.)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,673,314.	1,548,687.	1,529,133.	1,381,753.	6,132,887.
16 Membership fees received	2,697.	1,688.	2,332.	1,965.	8,682.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	104,687.	98,340.	95,101.	113,161.	411,289.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,116.	9,493.	12,921.	14,626.	47,156.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	9,534.	4,757.	SEE STATEMENT 4 12,567.	21,029.	47,887.
23 Total of lines 15 through 22	1,800,348.	1,662,965.	1,652,054.	1,532,534.	6,647,901.
24 Line 23 minus line 17	1,695,661.	1,564,625.	1,556,953.	1,419,373.	6,236,612.
25 Enter 1% of line 23	18,003.	16,630.	16,521.	15,325.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2003) 0.	(2002) 0.	(2001) 0.	(2000) 0.	0.
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2003) 0.	(2002) 0.	(2001) 0.	(2000) 0.	0.
c Add. Amounts from column (e) for lines: 15 6,132,887. 16 8,682. 17 411,289. 20 _____ 21 _____					27c 6,552,858.
d Add Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 6,552,858.
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f 6,647,901.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.5703%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .7093%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

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

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

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

Check a if the organization belongs to an affiliated group

Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -	41	
If the amount on line 40 is -			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
The lobbying nontaxable amount is -			
20% of the amount on line 40			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000			
\$225,000 plus 5% of the excess over \$1,500,000			
\$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AGENCY INSURANCE	12,079.	12,079.		
EMERGENCY INTERVENTION SERVICES	4,251.	4,251.		
BOARD AND STAFF DEVELOPMENT	2,547.	2,547.		
MEALS	110,673.	110,673.		
MISCELLANEOUS	9,441.	1,512.	7,929.	
ALLOCATED TO PROGRAM PER GRANTS	0.	147,414.	<128,490.>	<18,924.>
TOTAL TO FM 990, LN 43	138,991.	278,476.	<120,561.>	<18,924.>

FORM 990	OTHER PROGRAM SERVICES		STATEMENT 2
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES	
VARIOUS OTHER PROGRAMS FOR THE ELDERLY		250,418.	
TOTAL TO FORM 990, PART III, LINE E		250,418.	

FORM 990

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

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
REV. DR. WAYNE A. BASCH 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	PRESIDENT 5	0.	0.	0.
ROBERT REIDY 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	VICE PRESIDENT 5	0.	0.	0.
JO ANN GRUCA 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	SECRETARY 5	0.	0.	0.
DICK O'NEILL 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	TREASURER 5	0.	0.	0.
DONALD E. CHAPMAN 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	EXECUTIVE DIRECTOR 40	111,492.	0.	0.
RITA DAEMICKE 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 5	0.	0.	0.
DOROTHY GOUSHAS 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 5	0.	0.	0.
WILLIAM SCOTT 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 5	0.	0.	0.
ANN DYKSTRA 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 5	0.	0.	0.
MARY GEIS 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 5	0.	0.	0.
EDWARD RORISON 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 5	0.	0.	0.

PLOWS COUNCIL ON AGING

36-2882809

REV. GLENN BERGMARK 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 5	0.	0.	0.
ROBERT SMITH 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 5	0.	0.	0.
ROSALIE THOMPSON 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 5	0.	0.	0.
JOE MARKS 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 5	0.	0.	0.
VIRGINIA WROBEL 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 5	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>111,492.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT 4
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER INCOME	9,534.	4,757.	12,567.	21,029.
TOTAL TO SCHEDULE A, LINE 22	<u>9,534.</u>	<u>4,757.</u>	<u>12,567.</u>	<u>21,029.</u>

PLOWS COUNCIL ON AGING

Depreciation Expense Report

As of September 30, 2005

Book = Internal

FYE Month = September

Sys No	In Svc Ext Date	Acquired Value	P Depr T Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
G/L Expense Acct No = 100												
000001	000 03/01/00	4,430.00	P SLMM	20 00	0.00	4,430.00	09/30/04	996.76	221.50	221.50	1,218.26	
000002	000 03/01/00	3,447.50	P SLMM	10 00	0.00	3,447.50	09/30/04	1,551.38	344.75	344.75	1,896.13	
000003	000 03/01/00	3,447.50	P SLMM	10 00	0.00	3,447.50	09/30/04	1,551.38	344.75	344.75	1,896.13	
G/L Expense Acct No = 100		11,325.00			0.00	11,325.00		4,099.52	911.00	911.00	5,010.52	
Less disposals and transfers		0.00			0.00	0.00		0.00			0.00	
Count = 0												
Net Subtotal		11,325.00			0.00	11,325.00		4,099.52	911.00	911.00	5,010.52	
Count = 3												

G/L Expense Acct No = 101												
000004	000 03/01/00	1,271.35	P SLMM	05 00	0.00	1,271.35	09/30/04	1,144.22	105.95	105.95	1,250.17	
000005	000 03/01/00	4,764.50	P SLMM	05 00	0.00	4,764.50	09/30/04	4,288.06	397.04	397.04	4,685.10	
000006	000 03/01/00	4,764.50	P SLMM	05 00	0.00	4,764.50	09/30/04	4,288.06	397.04	397.04	4,685.10	
000007	000 03/01/00	299.56	P SLMM	05 00	0.00	299.56	09/30/04	269.60	24.96	24.96	294.56	
000008	000 03/01/00	501.00	P SLMM	05 00	0.00	501.00	09/30/04	450.90	41.75	41.75	492.65	
000009	000 03/01/00	4,218.76	P SLMM	05 00	0.00	4,218.76	09/30/04	3,796.88	351.56	351.56	4,148.44	
000018	000 03/01/00	6,153.00	P SLMM	05 00	0.00	6,153.00	09/30/04	5,537.70	512.75	512.75	6,050.45	
000019	000 03/01/00	305.58	P SLMM	05 00	0.00	305.58	09/30/04	275.04	25.45	25.45	300.49	
000020	000 03/01/00	802.25	P SLMM	05 00	0.00	802.25	09/30/04	722.03	66.86	66.86	788.89	
000021	000 03/01/00	521.57	P SLMM	05 00	0.00	521.57	09/30/04	469.40	43.47	43.47	512.87	
000022	000 03/01/00	14,357.38	P SLMM	05 00	0.00	14,357.38	09/30/04	12,921.66	1,196.43	1,196.43	14,118.09	
000023	000 10/27/00	6,879.70	P SLMM	05 00	0.00	6,879.70	09/30/04	5,389.10	1,375.94	1,375.94	6,765.04	
000026	000 09/05/02	2,280.00	P SLMM	05 00	0.00	2,280.00	09/30/04	950.00	456.00	456.00	1,406.00	
000027	000 01/31/02	658.82	P SLMM	05 00	0.00	658.82	09/30/04	351.36	131.76	131.76	483.12	
000028	000 01/12/02	1,991.40	P SLMM	05 00	0.00	1,991.40	09/30/04	1,095.27	398.28	398.28	1,493.55	
000032	000 09/30/03	1,030.20	P SLMM	05 00	0.00	1,030.20	09/30/04	206.04	206.04	206.04	412.08	
000033	000 06/17/03	2,332.95	P SLMM	05 00	0.00	2,332.95	09/30/04	583.24	466.59	466.59	1,049.83	
000034	000 07/12/04	2,393.04	P SLMM	05 00	0.00	2,393.04	09/30/04	85.47	478.61	478.61	564.08	
000038	000 02/28/05	8,995.00	P SLMM	05 00	0.00	8,995.00	02/28/05	0.00	1,049.42	1,049.42	1,049.42	
000039	000 04/20/05	13,369.75	P SLMM	05 00	0.00	13,369.75	04/30/05	0.00	1,114.15	1,114.15	1,114.15	
000041	000 07/05/05	2,636.93	P SLMM	05 00	0.00	2,636.93	07/31/05	0.00	87.90	87.90	87.90	
000042	000 06/08/05	3,958.90	P SLMM	05 00	0.00	3,958.90	06/30/05	0.00	197.95	197.95	197.95	
000043	000 08/11/05	2,799.69	P SLMM	05 00	0.00	2,799.69	08/31/05	0.00	46.66	46.66	46.66	
000044	000 08/11/05	1,433.04	P SLMM	05 00	0.00	1,433.04	08/31/05	0.00	23.89	23.89	23.89	
000045	000 08/24/05	666.08	P SLMM	05 00	0.00	666.08	08/31/05	0.00	11.10	11.10	11.10	
000046	000 05/01/05	2,489.43	P SLMM	05 00	0.00	2,489.43		0.00	207.45	207.45	207.45	
000047	000 04/01/05	1,995.00	P SLMM	05 00	0.00	1,995.00		0.00	199.50	199.50	199.50	
G/L Expense Acct No = 101		93,869.38			0.00	93,869.38		42,824.03	9,614.50	9,614.50	52,438.53	
Less disposals and transfers		0.00			0.00	0.00		0.00			0.00	
Count = 0												
Net Subtotal		93,869.38			0.00	93,869.38		42,824.03	9,614.50	9,614.50	52,438.53	
Count = 27												

G/L Expense Acct No = 102												
000010	000 03/01/00	5,210.22	P SLMM	10 00	0.00	5,210.22	09/30/04	2,344.60	521.02	521.02	2,865.62	
000011	000 03/01/00	3,290.00	P SLMM	05 00	0.00	3,290.00	09/30/04	2,961.00	274.17	274.17	3,235.17	
000012	000 03/01/00	2,032.80	P SLMM	10 00	0.00	2,032.80	09/30/04	914.76	203.28	203.28	1,118.04	

PLOWS COUNCIL ON AGING

Depreciation Expense Report

As of September 30, 2005

Book = Internal

FYE Month = September

Sys No	In Svc Ext Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
G/L Expense Acct No = 102													
000013	000 03/01/00	6,879.70	P	SLMM	10 00	0.00	6,879.70	09/30/04	3,095.87	687.97	687.97	3,783.84	
000014	000 03/01/00	7,429.85	P	SLMM	10 00	0.00	7,429.85	09/30/04	3,343.46	742.99	742.99	4,086.45	
000015	000 03/01/00	1,830.84	P	SLMM	10 00	0.00	1,830.84	09/30/04	823.87	183.08	183.08	1,006.95	
000016	000 03/01/00	13,237.00	P	SLMM	10 00	0.00	13,237.00	09/30/04	5,956.66	1,323.70	1,323.70	7,280.36	
000017	000 03/01/00	13,327.00	P	SLMM	10 00	0.00	13,327.00	09/30/04	5,997.16	1,332.70	1,332.70	7,329.86	
000024	000 12/18/00	2,535.00	P	SLMM	10 00	0.00	2,535.00	09/30/04	950.63	253.50	253.50	1,204.13	
000025	000 02/28/01	2,390.52	P	SLMM	10 00	0.00	2,390.52	09/30/04	856.60	239.05	239.05	1,095.65	
000029	000 10/17/01	9,785.00	P	SLMM	07 00	0.00	9,785.00	09/30/04	4,077.09	1,397.86	1,397.86	5,474.95	
000031	000 10/31/01	846.96	P	SLMM	07 00	0.00	846.96	09/30/04	352.91	121.00	121.00	473.91	
000035	000 09/20/04	5,215.72	P	SLMM	07 00	0.00	5,215.72	09/30/04	0.00	745.10	745.10	745.10	
000036	000 02/24/05	500.00	P	SLMM	07 00	0.00	500.00	02/28/05	0.00	41.67	41.67	41.67	
G/L Expense Acct No = 102		74,510.61				0.00	74,510.61		31,674.61	8,067.09	8,067.09	39,741.70	
Less disposals and transfers		0.00				0.00	0.00		0.00			0.00	
Count = 0													
Net Subtotal		<u>74,510.61</u>				<u>0.00</u>	<u>74,510.61</u>		<u>31,674.61</u>	<u>8,067.09</u>	<u>8,067.09</u>	<u>39,741.70</u>	
Count = 14													
<hr/>													
Grand Total		179,704.99				0.00	179,704.99		78,598.16	18,592.59	18,592.59	97,190.75	
Less disposals and transfers		0.00				0.00	0.00		0.00			0.00	
Count = 0													
Net Grand Total		<u><u>179,704.99</u></u>				<u><u>0.00</u></u>	<u><u>179,704.99</u></u>		<u><u>78,598.16</u></u>	<u><u>18,592.59</u></u>	<u><u>18,592.59</u></u>	<u><u>97,190.75</u></u>	
Count = 44													

PLOWS COUNCIL ON AGING

Depreciation Expense Report

As of September 30, 2005

Book = Internal

FYE Month = September

Sys No	Ext	In Svc Date	Acquired Value	P Depr T Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
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Report Assumptions

Report Name: Depreciation Expense

Source Report: <Standard Report>

Calculation Assumptions:

Short Year none

Include Sec 168(k) Allowance & Sec 179 No

Adjustment Convention None

Key Codes:

- a. A depreciation adjustment amount is included in the reporting period.
- b. The asset's business-use percentage is less than 100%.
- d. The asset has been disposed.
- f. The asset has switched from a MACRS table calculation to the MACRS formula calculation.
- l. The asset's depreciation has been limited by luxury auto rules.
- m. The asset's depreciation was calculated using the mid-quarter convention.
- r. The asset's acquired value was reduced to arrive at the depreciable basis.
- s. The asset has switched from declining-balance to a straight-line.
- t. The asset was transferred.
- v. The asset has switched to remaining value over remaining life due to ACE.

Group/Sorting Criteria:

Group = G/L Expense Acct

Include Assets that meet the following conditions

All FAS Assets

Sorted by G/L Expense Acct No (with subtotals), System No, Extension

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization PLOWS COUNCIL ON AGING	Employer identification number 36-2882809
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 7808 COLLEGE DRIVE, 5 EAST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PALOS HEIGHTS, IL 60463	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **DONALD CHAPMAN**
 Telephone No. ▶ **708-361-0219** 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 **Form 990-T corporation**) extension of time until **MAY 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ calendar year _____ or
- ▶ tax year beginning **OCT 1, 2004**, and ending **SEP 30, 2005**.
- 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 \$ _____
- 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 \$ _____
- 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 \$ 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.