

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)

2006

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning 2006, and ending 20

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

C Name of organization: FOX VALLEY OLDER ADULT SERVICES. D Employer identification number: 36-2738669. E Telephone number: (815) 786-9404. F Accounting method: Accrual.

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

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

G Website: N/A

J Organization type (check only one): 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 726,720

I Group Exemption Number. 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 (See the instructions)

Table with 21 rows detailing revenue and expenses. Line 12 Total revenue: 682,784. Line 17 Total expenses: 696,748. Line 18 Excess or (deficit) for the year: (13,964). Line 21 Net assets or fund balances at end of year: (4,069).

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Handwritten initials and number: EEA 7

**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 (See the instructions )

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 a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22 b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25 a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	25a	50,000	45,000	5,000
b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	320,947	233,210	43,223
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27	28			
29	Payroll taxes	29	41,716	31,287	5,423
30	Professional fundraising fees	30			
31	Accounting fees	31	3,417	3,417	
32	Legal fees	32			
33	Supplies	33	43,702	38,975	4,177
34	Telephone	34	5,679	5,679	
35	Postage and shipping	35	1,736	1,736	
36	Occupancy	36	45,792	45,090	702
37	Equipment rental and maintenance	37	2,251	2,251	
38	Printing and publications	38			
39	Travel	39	30,003	30,003	
40	Conferences, conventions, and meetings	40			
41	Interest	41	35,496	34,786	710
42	Depreciation, depletion, etc (attach schedule)	42	24,091	23,609	482
43	Other expenses not covered above (itemize).				
a	ADVERTISING	43a	2,652	2,652	
b	BAD DEBT	43b	24,225	24,225	
c	OUTSIDE SERVICES	43c	1,252	1,227	25
d	VEHICLE EXPENSE	43d	24,925	24,925	
e	INSURANCE	43e	30,400	20,976	9,424
f	BANK CHARGES	43f	2,254	2,254	
g	OTHER EXPENSES	43g	6,210	6,210	
44	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	696,748	577,512	69,166

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 IV Balance Sheets** (See the instructions)

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
45	Cash - non-interest-bearing	610	45	42,485
46	Savings and temporary cash investments	3,196	46	2,085
47 a	Accounts receivable	75,469		
	b Less allowance for doubtful accounts		47c	75,469
48 a	Pledges receivable			
	b Less allowance for doubtful accounts		48c	
49	Grants receivable		49	
50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
50 b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
51 a	Other notes and loans receivable (attach schedule)	43,649		
	b Less allowance for doubtful accounts		51c	43,649
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	22,076	53	13,399
54 a	Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
54 b	Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55 a	Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)		56	
57 a	Land, buildings, and equipment basis	584,688		
	b Less accumulated depreciation (attach schedule) STM116	249,600	57c	335,088
58	Other assets, including program-related investments (describe)		58	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58	442,980	59	512,175
60	Accounts payable and accrued expenses	51,624	60	34,644
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64 a	Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)	381,461	64b	481,600
65	Other liabilities (describe)		65	
66	<b>Total liabilities.</b> Add lines 60 through 65	433,085	66	516,244
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	9,895	67	(4,069)
68	Temporarily restricted	0	68	0
69	Permanently restricted	0	69	0
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	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	9,895	73	(4,069)
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	442,980	74	512,175





Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	82a	X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) . . . . .			
		82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? . . . . .	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members . . . . .	85c	
d	Section 162(e) lobbying and political expenditures . . . . .	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	85h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 . . . . .	86a	
b	Gross receipts, included on line 12, for public use of club facilities . . . . .	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders . . . . .	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	87b	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI . . . . .	88b	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . ▶ _____		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract? . . . . .	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	89g	X
90 a	List the states with which a copy of this return is filed ▶ <u>ILLINOIS</u>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions) . . . . .	90b	20
91 a	The books are in care of ▶ <u>% ABBY BRUNS</u> Telephone no ▶ <u>815-786-9404</u> Located at ▶ <u>1406 SUYDAM ROAD SANDWICH IL</u> ZIP + 4 ▶ <u>60548</u>		
b	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)? . . . . .	91b	X
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			

<b>Part VI Other Information</b> (continued)	Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . .	91c	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country ▶ _____		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . .		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 92		

Note: Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					495,771
a <b>ACTIVITIES/PROGRAMS</b>					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies					
94 Membership dues and assessments . . . . .					
95 Interest on savings & temporary cash investments			14	1	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .					
b not debt-financed property . . . . .			16	48,828	
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					66,708
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				48,829	562,479
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					611,308

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

Line No.	Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)
93	PROGRAMS ARE DESIGNED TO HELP OLDER ADULTS LIVE INDEPENDENTLY
101	PARTICIPATION IN SPECIAL EVENTS ENHANCES SENIORS' QUALITY OF LIFE

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)	
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13)

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				


**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?


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

**Please Sign Here**

Signature of officer:  Date: 6-27-07

Type or print name and title: **Sam Hamilton Board President**

**Paid Preparer's Use Only**

Preparer's signature:  Date: 06-21-2007 Check if self-employed:

Firm's name (or yours if self-employed) address, and ZIP + 4: **STEPHEN F. VER HALEN, CPA, P.C. 1444 N FARNSWORTH AVE AURORA, IL 60505**

Preparer's SSN or PTIN (See Gen Inst X): **630-978-3000**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**  
**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),**  
**or 4947(a)(1) Nonexempt Charitable Trust**

OMB No 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

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

**Supplementary Information -- (See separate instructions.)**

Name of the organization <b>FOX VALLEY OLDER ADULT SERVICES</b>	Employer identification number <b>36-2738669</b>
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**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 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
NONE				

Total number of other employees paid over \$50,000 ▶

**Part II-A 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 ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions )

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

**Part III** Statements About Activities (See page 2 of the instructions)

	Yes	No
<b>1</b> 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) . . . . .	<b>1</b>	X
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		
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	X
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	X
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	X
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	X
<b>3 a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments ) . . . . .	<b>3a</b>	X
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .	<b>3b</b>	X
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .	<b>3c</b>	X
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>3d</b>	X
<b>4 a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g . . . . .	<b>4a</b>	X
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>4b</b>	X
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>4c</b>	X
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ _____		
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . ▶ _____		

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization  
 Type I  Type II  Type III-Functionally Integrated  Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	156,232	124,281	179,008	153,123	612,644
16 Membership fees received					0
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	452,417	408,495	280,882	303,475	1,445,269
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	14	42	279	470	805
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	608,663	532,818	460,169	457,068	2,058,718
24 Line 23 minus line 17	156,246	124,323	179,287	153,593	613,449
25 Enter 1% of line 23	6,087	5,328	4,602	4,571	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 12,269
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 72,251
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 613,449
d Add Amounts from column (e) for lines 18 805 19 0 22 0 26b 72,251					26d 73,056
e Public support (line 26c minus line 26d total)					26e 540,393
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 88.09%
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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 11b, 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 (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c _____
d Add Line 27a total and line 27b total					27d _____
e Public support (line 27c total minus line 27d total)					27e _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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					

**Part V Private School Questionnaire** (See page 9 of the instructions)

**(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? . . . . .	29	
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? . . . . .	30	
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 )	31	
_____			
_____			
_____			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	32d	
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? . . . . .	33a	
b	Admissions policies? . . . . .	33b	
c	Employment of faculty or administrative staff? . . . . .	33c	
d	Scholarships or other financial assistance? . . . . .	33d	
e	Educational policies? . . . . .	33e	
f	Use of facilities? . . . . .	33f	
g	Athletic programs? . . . . .	33g	
h	Other extracurricular activities? . . . . .	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )			
_____			
_____			
_____			
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	34a	
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	34b	
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 . . . . .	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions)

(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)

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns for affiliated group totals and completion status.

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 13 of the instructions

Table for 4-Year Averaging Period with columns for calendar year (2006, 2005, 2004, 2003) and Total, and rows for lobbying nontaxable amount, ceiling amount, total lobbying expenditures, and grassroots nontaxable amount/ceiling.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions)

Table for Lobbying Activity by Nonelecting Public Charities with columns for Yes, No, and Amount, and rows for various lobbying activities like volunteers, paid staff, media advertisements, etc.



## Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

**2006**  
Attachment  
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**FOX VALLEY OLDER ADULT SERVICES**

**PROGRAM SERVICES - 1**

**36-2738669**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	
(a) Description of property (b) Cost (business use only) (c) Elected cost			
6			
7	Listed property Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12 . . . . .	▶ 13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election . . . . .	15	
16	Other depreciation (including ACRS) . . . . .	16	23,339

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2006 . . . . .	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . .	▶ <input type="checkbox"/>	

**Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	STATEMENT # 50					686
c 7-year property						
d 10-year property						
e 15-year property		2,358	15	HY	S/L	66
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year		40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21	Listed property Enter amount from line 28 . . . . .	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr . . . . .	22	24,091
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	▶ 23	

Next Year's Depreciation

2006

Name		FEIN					
FOX VALLEY OLDER ADULT SERVICES		36-2738669					
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	BUILDING	19930418	373,977	SL	31.5	11,872
PRG	1	BUILDING IMPROVEMENT	20040101	30,961	SL	31.5	983
PRG	1	DAY ARE IMPROVEMENT	20020505	6,007	SL	31.5	191
PRG	1	CARPETING	20060731	2,358	SL	15	157
PRG	1	AIR CONDITIONER	20050601	3,814	SL	10	381
PRG	1	COMPUTER	20051201	668	SL	5	134
PRG	1	SOFTWARE	20060503	601	SL	5	120
PRG	1	EQUIPMENT	20041231	23,641	SL	5	
PRG	1	EQUIPMENT	20041231	1,620	SL	5	324
PRG	1	RADIOS	20021231	2,120	SL	5	
PRG	1	FURNACE	20001231	2,000	SL	7	
PRG	1	FURNACE EQUIPMENT	20001231	2,000	SL	7	
PRG	1	LAND	20021231		NDA	5	
PRG	1	WHEELCHAIR VAN	20021231	17,600	SL	5	
PRG	1	1994 BUS	20031231	37,125	SL	5	7,425
PRG	1	BUICK REGAL	20040214	2,500	SL	5	500
PRG	1	VEHICLE	20060612	5,195	SL	5	1,039
		TOTAL					23,126

**Federal Supporting Statements**

**2006** PG01

Name(s) as shown on return

Your Social Security Number

FOX VALLEY OLDER ADULT SERVICES

36-2738669

FORM 4562 - LINE 19B

STATEMENT # 50

<b>BASIS</b>	<b>RP</b>	<b>CV</b>	<b>METHOD</b>	<b>DEDUCTION</b>
601	5	HY	S/L	80
5,195	5	HY	S/L	<u>606</u>
<b>TOTALS</b>				<u><u>686</u></u>

**Statement of Program Service Accomplishments****2006 01**

Name(s) as shown on return

Your Social Security Number

FOX VALLEY OLDER ADULT SERVICES

36-2738669

**FORM 990, PART III (a)**

**Grants and Allocations**                    \$0  
**Program Service Expenses**            \$553903  
**Includes Foreign Grants**              NO

**Explanation**

THE CENTER PROVIDES SOCIAL, EDUCATIONAL AND RECREATIONAL ACTIVITIES TO ENHANCE THE QUALITY OF LIFE FOR THE SENIOR CITIZENS OF THE AREA AND IS USED BY OTHER CHARITABLE ORGANIZATIONS IN THE COMMUNITY. SENIOR SHUTTLE SERVICE PROVIDES TRANSPORTATION TO AND FROM COMMUNITY SITES TO MEET THE DAILY NEEDS OF SENIORS. IN ADDITION TO PROVIDING ADULT DAY CARE IN THREE COMMUNITIES, FOX VALLEY OLDER ADULT SERVICES PROVIDES PROGRAMS ON A DAILY BASIS WHICH ARE DESIGNED TO HELP OLDER ADULTS CONTINUE TO LIVE INDEPENDENTLY.

# Federal Supporting Statements

**2006** PG 01

Your Social Security Number  
36-2738669

Statement #101

Name(s) as shown on return

FOX VALLEY OLDER ADULT SERVICES

FORM 990, PART I, LINE 9 SPECIAL EVENTS SCHEDULE

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expenses	Net Income
DINNER DANCE	31,074		31,074	5,156	25,918
FAIR FOOD BOOTH	11,674		11,674	4,467	7,207
VARIOUS OTHER FUNDRAISERS	44,187		44,187	10,604	33,583
<b>TOTAL</b>	<u>86,935</u>		<u>86,935</u>	<u>20,227</u>	<u>66,708</u>

Federal Supporting Statements

2006 PG 01

Name(s) as shown on return

Your Social Security Number

FOX VALLEY OLDER ADULT SERVICES

36-2738669

FORM 990, SCH FOR PART IV, LINE 57  
LAND ETC. SCHEDULE

Statement #116

Category or Item	Basis	Accumulated Depreciation	End of Year
BUILDING	417,117	176,992	240,125
EQUIPMENT	32,651	30,648	2,003
LAND	72,500		72,500
VEHICLES	62,420	41,960	20,460
TOTAL	<u>584,688</u>	<u>249,600</u>	<u>335,088</u>

# Depreciation Detail Listing

\* Item was disposed  
of during current year

PROGRAM SERVICES - 1  
For your records only

2006

PAGE 1

Name(s) as shown on return															
FOX VALLEY OLDER ADULT SERVICES															
Social security number/EIN 36-2738669															
No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	BUILDING	19930418	373,977		100.00		373,977	31.5	S/L	MM	3.175	162,766			11,872
2	BUILDING IMPROVEMENT	20040101	30,961		100.00		30,961	31.5	S/L	MM	3.175	12,738			983
3	DAY ARE IMPROVEMENT	20020505	6,007		100.00		6,007	31.5	S/L	MM	3.175	851			191
4	CARPETING	20060731	2,358		100.00		2,358	15	S/L	HY	3.333	66			79
5	AIR CONDITIONER	20050601	3,814		100.00		3,814	10	S/L	HY	10	572			381
6	COMPUTER	20051201	668		100.00		668	5	S/L	HY	20	153			134
7	SOFTWARE	20060503	601		100.00		601	5	S/L	HY	10	80			60
8	EQUIPMENT	20041231	23,641		100.00		23,641	5	S/L	MQ	20	23,641			
9	EQUIPMENT	20041231	1,620		100.00		1,620	5	S/L	MQ	20	655			324
10	RADIOS	20021231	2,120		100.00		2,120	5	S/L	MQ	20	2,120			230
11	FURNACE	20001231	2,000		100.00		2,000	7	S/L	MQ	14.286	63			63
12	FURNACE EQUIPMENT	20001231	2,000		100.00		2,000	7	S/L	MQ	14.286	63			63
13	LAND	20021231	72,500	72,500	100.00		0	5	S/L	MQ	0				
14	WHEELCHAIR VAN	20021231	17,600		100.00		17,600	5	S/L	MQ	20	17,600			1,173
15	1994 BUS	20031231	37,125		100.00		37,125	5	S/L	MQ	20	22,421			7,425
16	BUICK REGAL	20040214	2,500		100.00		2,500	5	S/L	MQ	20	1,333			500
17	VEHICLE	20060612	5,195		100.00		5,195	5	S/L	HY	10	606			520
<b>Totals</b>			<b>584,687</b>	<b>72,500</b>			<b>512,187</b>				<b>24,091</b>	<b>249,602</b>			<b>23,998</b>

ST ADJ:



# Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ 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).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 11200-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits..

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization <b>FOX VALLEY OLDER ADULT SERVICES</b>	Employer identification number <b>36-2738669</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1406 SUYDAM ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SANDWICH IL 60548</b>	

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

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

● The books are in the care of ▶ ALAN ZAESKE

Telephone No. ▶ 815-786-9404 FAX No. ▶ 815-786-2696

● 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 section 501(c)(3) corporation required to file Form 990-T) extension of time until 08-15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
▶  calendar year 2006 or  
▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

**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.