

**Return of Organization Exempt From Income Tax**

**2007**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A For the 2007 calendar year, or tax year beginning** OCT 1, 2007 **and ending** SEP 30, 2008

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> <b>PLOWS COUNCIL ON AGING</b>		<b>D Employer identification number</b> 36-2882809
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>7808 COLLEGE DRIVE, 5 EAST</b>		<b>E Telephone number</b> (708) 361-0219
		City or town, state or country, and ZIP + 4 <b>PALOS HEIGHTS, IL 60463</b>		<b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 N/A

**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

**I** Group Exemption Number N/A

**G Website:** WWW.PLOWS.ORG

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

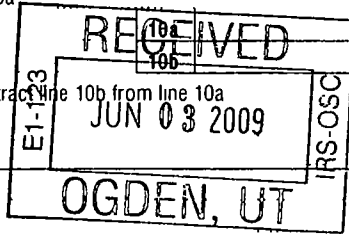
**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 2,469,359.

**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**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	1a			
	<b>b</b> Direct public support (not included on line 1a)	1b		34,294.	
	<b>c</b> Indirect public support (not included on line 1a)	1c			
	<b>d</b> Government contributions (grants) (not included on line 1a)	1d		2,321,039.	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <u>2,355,333.</u> noncash \$ _____)	1e			2,355,333.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	2			82,799.
	<b>3</b> Membership dues and assessments	3			1,660.
	<b>4</b> Interest on savings and temporary cash investments	4			25,489.
	<b>5</b> Dividends and interest from securities	5			
	<b>6 a</b> Gross rents	6a			
	<b>b</b> Less: rental expenses	6b			
<b>c</b> Net rental income or (loss) Subtract line 6b from line 6a	6c				
<b>7</b> Other investment income (describe _____)	7				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities	8a			
	(B) Other	8b			
	Less: cost or other basis and sales expenses	8c			
	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	<b>b</b> Less: direct expenses other than fundraising expenses	9b			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
<b>10 a</b> Gross sales of inventory, less returns and allowances					
	<b>b</b> Less: cost of goods sold				
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
<b>11</b> Other revenue (from Part VII, line 103)	11			4,078.	
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			2,469,359.	
Expenses	<b>13</b> Program services (from line 44, column (B))	13			2,213,840.
	<b>14</b> Management and general (from line 44, column (C))	14			32,035.
	<b>15</b> Fundraising (from line 44, column (D))	15			
	<b>16</b> Payments to affiliates (attach schedule)	16			
	<b>17</b> Total expenses. Add lines 16 and 44, column (A)	17			2,245,875.
Net Assets	<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	18			223,484.
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	19			1,575,690.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	20			0.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			1,799,174.



SCANNED JUL 08 2009

**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.

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22a</b>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> <b>22b</b>				
<b>23</b> Specific assistance to individuals (attach schedule) <b>23</b>				
<b>24</b> Benefits paid to or for members (attach schedule) <b>24</b>				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>25a</b>	215,424.	151,824.	63,600.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B <b>25b</b>	0.	0.	0.	0.
<b>c</b> 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) <b>25c</b>				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c <b>26</b>	1,194,676.	1,166,619.	21,006.	7,051.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c <b>27</b>				
<b>28</b> Employee benefits not included on lines 25a - 27 <b>28</b>	244,075.	219,667.	19,526.	4,882.
<b>29</b> Payroll taxes <b>29</b>	106,763.	93,952.	10,676.	2,135.
<b>30</b> Professional fundraising fees <b>30</b>				
<b>31</b> Accounting fees <b>31</b>	15,168.		15,168.	
<b>32</b> Legal fees <b>32</b>				
<b>33</b> Supplies <b>33</b>	53,164.	53,164.		
<b>34</b> Telephone <b>34</b>	11,451.	11,451.		
<b>35</b> Postage and shipping <b>35</b>	14,939.	14,939.		
<b>36</b> Occupancy <b>36</b>	121,032.	121,032.		
<b>37</b> Equipment rental and maintenance <b>37</b>				
<b>38</b> Printing and publications <b>38</b>				
<b>39</b> Travel <b>39</b>	63,222.	63,222.		
<b>40</b> Conferences, conventions, and meetings <b>40</b>				
<b>41</b> Interest <b>41</b>				
<b>42</b> Depreciation, depletion, etc (attach schedule) <b>42</b>	33,576.		33,576.	
<b>43</b> Other expenses not covered above (itemize). <b>a</b> _____ <b>43a</b> <b>b</b> _____ <b>43b</b> <b>c</b> _____ <b>43c</b> <b>d</b> _____ <b>43d</b> <b>e</b> _____ <b>43e</b> <b>f</b> _____ <b>43f</b> <b>g</b> <b>SEE STATEMENT 1</b> <b>43g</b>	172,385.	317,970.	<131,517.>	<14,068.>
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) <b>44</b>	2,245,875.	2,213,840.	32,035.	0.

**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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;  
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**Part III** Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? <b>PROVIDE SERVICES TO THE ELDERLY</b>	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a TITLE III-B PROGRAM. HOME ASSISTANCE TO APPROXIMATELY 9,600 CLIENTS DURING THE FISCAL YEAR. IN ADDITION, APPROXIMATELY \$64,400 IN SERVICES WERE DONATED TO THIS PROGRAM DURING THE YEAR.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	581,418.
<b>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.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	911,159.
<b>c TITLE III-C2. THIS PROGRAM PROVIDED HOME-DELIVERED MEALS TO APPROXIMATELY 260 CLIENTS DURING THE FISCAL YEAR. APPROXIMATELY \$45,000 IN SERVICES WERE DONATED TO THIS PROGRAM DURING THE YEAR.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	129,791.
<b>d ELDER ABUSE PROGRAM. ASSISTANCE AND AID WERE PROVIDED TO APPROXIMATELY 150 PEOPLE UNDER THIS PROGRAM DURING THE FISCAL YEAR.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	159,507.
<b>e Other program services (attach schedule) SEE STATEMENT 2</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	431,965.
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	2,213,840.

Form 990 (2007)

**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
<b>Assets</b>	45 Cash - non-interest-bearing	1,202,273.	45	1,370,573.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable	355,122.	49	406,699.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	12,489.	53	12,055.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55 a Investments - land, buildings, and equipment - basis	55a 243,137.			
b Less: accumulated depreciation	55b 126,342.	134,953.	55c	116,795.
56 Investments - other		56		
57 a Land, buildings, and equipment - basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets, including program-related investments (describe ▶ _____)		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	1,704,837.	59	1,906,122.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	3,981.	60	2,475.
	61 Grants payable		61	
	62 Deferred revenue	9,634.	62	14,059.
	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 ▶ <b>ACCRUED VACATION</b> _____)	115,532.	65	90,414.
66 <b>Total liabilities.</b> Add lines 60 through 65	129,147.	66	106,948.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,546,590.	67	1,770,074.
	68 Temporarily restricted	29,100.	68	29,100.
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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)	1,575,690.	73	1,799,174.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,704,837.	74	1,906,122.	





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	98,160.
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 <i>quid pro quo</i> 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 a	501(c)(4), (5), or (6) 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	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
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) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
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 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations 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 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
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>IL</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	62
91 a	The books are in care of <u>DONALD CHAPMAN</u> Telephone no. <u>708-361-0219</u> Located at <u>7808 W. COLLEGE DRIVE, SUITE 5E, PALOS HEIGHTS,</u> ZIP + 4 <u>60463</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)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

	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 <b>PROJECT INCOME</b>					82,799.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,660.
95 Interest on savings and temporary cash investments			14	25,489.	
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 <b>MISCELLANEOUS</b>	711120				4,078.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		25,489.	88,537.
105 Total (add line 104, columns (B), (D), and (E))					114,026.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See 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 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 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)

**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). **N/A**

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: *Donald E. Chapman* Signature of officer | 5-27-09 Date

*DONALD E. CHAPMAN, EXECUTIVE DIRECTOR* Type or print name and title

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Paid Preparer's Use Only: Preparer's signature: *Frank L. Sassetti* | Date: MAY 26 2009 | Check if self-employed:  | Preparer's SSN or PTIN (See Gen. Inst. X):

Firm's name (or yours if self-employed), address, and ZIP + 4: **FRANK L. SASSETTI & CO.**  
**6611 W. NORTH AVE.**  
**OAK PARK, IL. 60302** | EIN: | Phone no.: **(708) 386-1433**

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

Department of the Treasury  
Internal Revenue Service

**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

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

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

OMB No 1545-0047

**2007**

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
RIKI KAUFFMAN 7808 COLLEGE DRIVE, 5 EAST, PALOS HEI	PROG. DIRECTOR 40.00	75,876.		
DONALD CHAPMAN 7808 COLLEGE DRIVE, 5 EAST, PALOS HEI	EXECUTIVE DIRECTOR 40.00	127,200.		
REBECCA LERFELT 7808 COLLEGE DRIVE, 5 EAST, PALOS HEI	ASSISTANT DIRECTOR 40.00	88,224.		
Total number of other employees paid over \$50,000 ▶	0			

**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 ▶	0	

**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 ▶	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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	X	
e	Transfer of any part of its income or assets?		X
3	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 )		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	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		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year		0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
f	Enter the total number of separate funds or accounts owned at the end of the 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		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 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 8 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>					<input type="checkbox"/>

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,270,352.	1,890,402.	1,735,363.	1,673,314.	7,569,431.
16 Membership fees received	1,400.	1,684.	960.	2,697.	6,741.
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	101,608.	87,447.	91,489.	104,687.	385,231.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	32,732.	24,166.	14,455.	10,116.	81,469.
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	5,758.	43,756.	SEE STATEMENT 4 18,635.	9,534.	77,683.
23 Total of lines 15 through 22	2,411,850.	2,047,455.	1,860,902.	1,800,348.	8,120,555.
24 Line 23 minus line 17	2,310,242.	1,960,008.	1,769,413.	1,695,661.	7,735,324.
25 Enter 1% of line 23	24,119.	20,475.	18,609.	18,003.	
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 2003 through 2006 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: (2006) 0. (2005) 0. (2004) 0. (2003) 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 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. (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 7,569,431. 16 6,741. 17 385,231. 20 _____ 21 _____					27c 7,961,403.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 7,961,403.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f 8,120,555.		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 98.0401%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 1.0032%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 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.)		
<hr/> <hr/> <hr/>			
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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/> <hr/>			
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? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/> <hr/>			
34 a	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 11 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.

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

**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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** N/A

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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	3,776.	5,317.	<1,541.>	
EMERGENCY INTERVENTION SERVICES	21,443.	21,443.		
BOARD AND STAFF DEVELOPMENT	4,465.	4,465.		
MEALS	115,354.	115,354.		
MISCELLANEOUS	730.	730.		
ALLOCATED TO PROGRAM PER GRANTS	0.	144,044.	<129,976.>	<14,068.>
GAP FILLING	2,004.	2,004.		
FLEXIBLE SENIOR SERVICES	24,613.	24,613.		
<b>TOTAL TO FM 990, LN 43</b>	<b>172,385.</b>	<b>317,970.</b>	<b>&lt;131,517.&gt;</b>	<b>&lt;14,068.&gt;</b>

FORM 990	OTHER PROGRAM SERVICES		STATEMENT 2
DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES	
VARIOUS OTHER PROGRAMS FOR THE ELDERLY	0.	431,965.	
<b>TOTAL TO FORM 990, PART III, LINE E</b>		<b>431,965.</b>	

FORM 990 PART V-A - LIST OF CURRENT 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	DIRECTOR 1.00	0.	0.	0.
ROBERT REIDY 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 1.00	0.	0.	0.
JO ANN GRUCA 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 1.00	0.	0.	0.
DICK O'NEILL 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	PRESIDENT 2.00	0.	0.	0.
RITA DAEMICKE 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 1.00	0.	0.	0.
DOROTHY GOUSHAS 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	TREASURER 2.00	0.	0.	0.
WILLIAM SCOTT 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 1.00	0.	0.	0.
ANN DYKSTRA 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 1.00	0.	0.	0.
MARY GEIS 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 1.00	0.	0.	0.
EDWARD RORISON 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 1.00	0.	0.	0.
REV. GLENN BERGMARK 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 1.00	0.	0.	0.

PLOWS COUNCIL ON AGING

36-2882809

ROSALIE THOMPSON 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	SECRETARY 2.00	0.	0.	0.
JOE MARKS 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	VICE PRESIDENT 2.00	0.	0.	0.
VIRGINIA WROBEL 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	TREASURER 2.00	0.	0.	0.
KIM KUSTER 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DIRECTOR 1.00	0.	0.	0.
DONALD CHAPMAN 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	EXECUTIVE DIRECTOR 40.00	127,200.	0.	0.
REBECCA LERFELT 7808 COLLEGE DRIVE, 5 EAST PALOS HEIGHTS, IL 60463	DEPUTY DIRECTOR 40.00	88,224.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		<u>215,424.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A	OTHER INCOME			STATEMENT	4
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	
OTHER INCOME	5,758.	43,756.	18,635.	9,534.	
TOTAL TO SCHEDULE A, LINE 22	<u>5,758.</u>	<u>43,756.</u>	<u>18,635.</u>	<u>9,534.</u>	

**Book Asset Detail 10/01/07 - 9/30/08**

FYE: 9/30/2008

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: G/L Expense Acct No = 100</b>											
1	LEASEHOLD IMPROVEMENTS	3/01/00	4,430 00	0 00	0 00	1,661 26	221 50	1,882 76	2,547.24	S/L	200
2	FLOOR CARPETING	3/01/00	3,447 50	0 00	0 00	2,585 63	344 75	2,930 38	517 12	S/L	100
3	FLOOR CARPETING	3/01/00	3,447 50	0 00	0 00	2,585 63	344 75	2,930 38	517 12	S/L	100
<b>G/L Expense Acct No = 100</b>											
			11,325 00	0 00c	0 00	6,832 52	911 00	7,743 52	3,581 48		
<b>Group: G/L Expense Acct No = 101</b>											
26	PC INTERNET APPLIANCE	9/05/02	2,280 00	0 00	0 00	2,280 00	0 00	2,280 00	0 00	S/L	50
27	COMPUTER	1/31/02	658 82	0 00	0 00	658 82	0 00	658 82	0 00	S/L	50
28	COMPUTER EQUIPMENT	1/12/02	1,991 40	0 00	0 00	1,991 40	0 00	1,991 40	0 00	S/L	50
32	COMPUTER	9/30/03	1,030 20	0 00	0 00	824 16	206 04	1,030 20	0 00	S/L	50
33	COMPUTER	6/17/03	2,332 95	0 00	0 00	1,983 01	349 94	2,332 95	0 00	S/L	50
34	FOUR WORKSTATION COMPUTI	7/12/04	2,393 04	0 00	0 00	1,521 30	478 61	1,999 91	393 13	S/L	50
38	COMPUTER EQUIPMENT	2/28/05	8,995 00	0 00	0 00	4,647 42	1,799 00	6,446 42	2,548 58	S/L	50
39	COMPUTER SOFTWARE - QUIK	4/20/05	13,369 75	0 00	0 00	6,462 05	2,673 95	9,136 00	4,233 75	S/L	50
41	PC SERVER & WORKSTATION	7/05/05	2,636 93	0 00	0 00	1,142 68	527 39	1,670 07	966 86	S/L	50
42	COMPUTER MIP SOFTWARE	6/08/05	3,958 90	0 00	0 00	1,781 51	791 78	2,573 29	1,385 61	S/L	50
43	4 PC WORKSTATION	8/11/05	2,799 69	0 00	0 00	1,166 54	559 94	1,726 48	1,073 21	S/L	50
44	COMPUTER EQUIPMENT	8/11/05	1,433 04	0 00	0 00	597 11	286 61	883 72	549 32	S/L	50
45	QUICKBOOKS SOFTWARE	8/24/05	666 08	0 00	0 00	277 54	133 22	410 76	255 32	S/L	50
46	COMPUTER EQUIPMENT	5/01/05	2,489 43	0 00	0 00	1,203 23	497 89	1,701 12	788 31	S/L	50
47	COMPUTER EQUIPMENT	4/01/05	1,995 00	0 00	0 00	997 50	399 00	1,396 50	598 50	S/L	50
48	LAPTOP	7/31/06	1,131 35	0 00	0 00	263 98	226 27	490 25	641 10	S/L	50
49	MONITORS	8/08/06	1,225 97	0 00	0 00	286 06	245 19	531 25	694 72	S/L	50
50	NETWORK PRINTERS	8/16/06	1,946 46	0 00	0 00	421 73	389 29	811 02	1,135 44	S/L	50
52	FRYS COMPUTERS	10/08/06	2,564 19	0 00	0 00	512 84	512 84	1,025 68	1,538 51	S/L	50
54	NETWORK PRINTER	6/30/07	940 61	0 00	0 00	47 03	188 12	235 15	705 46	S/L	50
60	20 LAPTOPS 20 PORTABLE PRIT	6/30/07	30,812 74	0 00	0 00	1,540 64	6,162 55	7,703 19	23,109 55	S/L	50
62	COMPUTERS - ROBERT HERRO	6/30/07	3,192 00	0 00	0 00	159 60	638 40	798 00	2,394 00	S/L	50
64	Email Server/Setup	11/30/07	2,500 00	0 00c	0 00	0 00	416 67	416 67	2,083 33	S/L	50
67	Dell Computer	3/30/08	858 52	0 00c	0 00	0 00	85 85	85 85	772 67	S/L	50
68	Ironport System	5/30/08	2,599 00	0 00c	0 00	0 00	173 27	173 27	2,425 73	S/L	50
69	Dell Computer	6/30/08	2,625 25	0 00c	0 00	0 00	131 26	131 26	2,493 99	S/L	50
70	Accounting Server	7/30/08	2,991 00	0 00c	0 00	0 00	99 70	99 70	2,891 30	S/L	50
71	Computer Monitor	9/30/08	1,080 00	0 00c	0 00	0 00	0 00	0 00	1,080 00	S/L	50
			103,497 32	0 00c	0 00	30,766 15	17,972 78	48,738 93	54,758 39		
<b>Group: G/L Expense Acct No = 102</b>											
10	EQUIPMENT	3/01/00	5,210 22	0 00	0 00	3,907 66	521 02	4,428 68	781 54	S/L	100
12	FURNITURE	3/01/00	2,032 80	0 00	0 00	1,524 60	203 28	1,727 88	304 92	S/L	100
13	FURNITURE	3/01/00	6,879 70	0 00	0 00	5,159 78	687 97	5,847 75	1,031 95	S/L	100
14	FURNITURE	3/01/00	7,429 85	0 00	0 00	5,572 43	742 99	6,315 42	1,114 43	S/L	100
15	FURNITURE	3/01/00	1,830 84	0 00	0 00	1,373 11	183 08	1,556 19	274 65	S/L	100
16	PANELS	3/01/00	13,237 00	0 00	0 00	9,927 76	1,323 70	11,251 46	1,985 54	S/L	100
17	PANELS	3/01/00	13,327 00	0 00	0 00	9,995 26	1,332 70	11,327 96	1,999 04	S/L	100
24	FURNITURE	12/18/00	2,535 00	0 00	0 00	1,711 13	253 50	1,964 63	570 37	S/L	100

**Book Asset Detail 10/01/07 - 9/30/08**

FYE: 9/30/2008

Asset *	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
<b>Group: G/L Expense Acct No = 102 (continued)</b>											
25	FURNITURE	2/28/01	2,390.52	0.00	0.00	1,573.75	239.05	1,812.80	577.72	S/L	10.0
29	DIGITAL COPIER	10/17/01	9,785.00	0.00	0.00	8,270.67	1,397.86	9,668.53	1,164.7	S/L	7.0
31	JUMBO DISPLAY CALCULATOR	10/31/01	846.96	0.00	0.00	715.89	120.99	836.88	10.08	S/L	7.0
35	REPARTEE LX VOICE MAIL	9/20/04	5,215.72	0.00	0.00	2,235.30	745.10	2,980.40	2,235.32	S/L	7.0
36	OFFICE EQUIPMENT	2/24/05	500.00	0.00	0.00	184.53	71.43	255.96	244.04	S/L	7.0
51	COPIER AND ACCESSORIES	6/30/07	16,092.00	0.00	0.00	804.60	3,218.40	4,023.00	12,069.00	S/L	5.0
53	LAPTOP CART (22 KITS)	6/30/07	3,937.50	0.00	0.00	140.63	562.50	703.13	3,234.37	S/L	7.0
55	PHONE SYSTEM	6/30/07	1,915.37	0.00	0.00	68.41	273.62	342.03	1,573.34	S/L	7.0
56	REFRIDGERATOR	9/30/07	1,329.00	0.00	0.00	0.00	189.86	189.86	1,139.14	S/L	7.0
57	FILE CABINETS	3/31/07	1,499.98	0.00	0.00	107.14	214.28	321.42	1,178.56	S/L	7.0
58	WINDOW BLINDS	6/30/07	737.67	0.00	0.00	26.35	105.38	131.73	605.94	S/L	7.0
59	CARPETING	6/30/07	3,337.00	0.00	0.00	119.18	476.71	595.89	2,741.11	S/L	7.0
61	CUBICLES	6/30/07	13,729.30	0.00	0.00	490.33	1,961.33	2,451.66	11,277.64	S/L	7.0
63	RICOH DIGITAL COPIER	12/30/06	11,752.00	0.00	0.00	1,259.14	1,678.86	2,938.00	8,814.00	S/L	7.0
65	Xerox Copier	4/30/08	1,248.00	0.00c	0.00	0.00	74.29	74.29	1,173.71	S/L	7.0
66	Mtdco Telephone Expansion	3/30/08	1,915.37	0.00c	0.00	0.00	136.81	136.81	1,778.56	S/L	7.0
			<b>G/L Expense Acct No = 102</b>	<b>0.00c</b>	<b>0.00</b>	<b>55,167.65</b>	<b>16,714.71</b>	<b>71,882.36</b>	<b>56,831.44</b>		
<b>Grand Total</b>			<b>243,536.12</b>	<b>0.00c</b>	<b>0.00</b>	<b>92,766.32</b>	<b>35,598.49</b>	<b>128,364.81</b>	<b>115,171.31</b>		

# 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).

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

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

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

Type or print	Name of Exempt Organization	Employer identification number
	PLOWS COUNCIL ON AGING	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 corporation required to file Form 990-T) extension of time until **MAY 15, 2009**, 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, 2007**, and ending **SEP 30, 2008**.

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	\$	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

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

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

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

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>PLOWS COUNCIL ON AGING</b>	Employer identification number <b>36-2882809</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>7808 COLLEGE DRIVE, 5 EAST</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PALOS HEIGHTS, IL 60463</b>	

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

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

• 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 is for

4 I request an additional 3-month extension of time until **AUGUST 15, 2009**  
 5 For calendar year \_\_\_\_\_ , or other tax year beginning **OCT 1, 2007** , and ending **SEP 30, 2008**  
 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period  
 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

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

**Signature and Verification**

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

Signature **▶ *[Signature]*** Title **▶ CPA** Date **▶ 5-14-09**