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Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization **Area Agency on Aging 11, Inc**

Doing Business As

Number and street (or P O. box if mail is not delivered to street address): **5555 Youngstown Warren Road 2nd Floor**

Room/suite: **2685**

City or town, state or country, and ZIP + 4: **Niles Ohio 44446**

D Employer identification number: **34-1194060**

E Telephone number: **330-505-2300**

G Gross receipts $

F Name and address of principal officer: **Joseph Rossi CEO**
5555 Youngstown-Warren Rd 2nd Fl Suite 2685 Niles OH 44446

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

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ **www.aaa11.org**

H(c) Group exemption number ▶

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **1975**

M State of legal domicile: **OH**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **Mission Statement-Area Agency on Aging 11 works with people, community and organizations to plan and prepare for aging through education, advocacy, and implementation.**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	91
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	28,226,298	30,125,860
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,144	32,156
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	260,056	644,457
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,525,498	30,802,473
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,604,312	25,073,425
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,462,852	4,446,830
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,389,394	1,062,861
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	28,456,558	30,583,116
19	Revenue less expenses. Subtract line 18 from line 12	68,940	219,357

		Beginning of Current Year	End of Year
Net Assets or Fund Balances 20	Total assets (Part X, line 16)	3,376,859	3,689,728
21	Total liabilities (Part X, line 26)	2,703,388	2,796,900
22	Net assets or fund balances. Subtract line 21 from line 20	673,471	892,828

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer — Date 3/29/11

Type or print name and title: Donald Dockry CFO

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ | Firm's EIN ▶

Firm's address ▶ | Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2010)

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15

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission:

Mission Statement- Area Agency on Aging 11, Inc works with people, community, and organizations to plan and prepare for aging through education advocacy and implementation.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 20,115,004 including grants of $ 16,320,038) (Revenue $ 20,115,004)

Passport Program

Passport served 2292 seniors/clients Services included personal care, homemaker, and other adult day care.

For individuals who meet the medicaid guidelines for Passsport, home care services are offered as a alternative to nursing home care.

4b (Code:) (Expenses $ 5,406,098 including grants of $ 5,010,078) (Revenue $ 5,406,098)

Assisted Living Program

Assisted Living Program served 325 senior/clients.

Individuals enrolled in the Assisted Living program must be able to pay monthly room and board to the facility and medicaid pays a set rate for the package of services the facility offers.

4c (Code:) (Expenses $ 1,798,238 including grants of $ 1,778,428) (Revenue $ 1,795,977)

Title III-C programs.

Title III C programs service provided 400,324 meals to 2500 clients.

4d Other program services. (Describe in Schedule O.)
(Expenses $ 1,676,107 including grants of $ 1,964,881) (Revenue $ 1,678,368)

4e **Total program service expenses** ▶ 28,995,447

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20 a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		✓
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		✓

Part IV Checklist of Required Schedules *(continued)*

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

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	91		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			✓
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			✓
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			✓
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .	14b			

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☐

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . .	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Does the organization have members or stockholders?	6			✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			✓

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	✓	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ Ohio

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ **Donald Dockry CFO 5555 Youngstown-Warren Road Suite 2685 2nd fl Niles OH 44446**

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Richard Atkinson board president	0	✓	✓					0	0	0
(2) Dwight Beebe board treasurer	0	✓	✓					0	0	0
(3) Janice Bolchalk board	0	✓						0	0	0
(4) Lowgene Carter board	0	✓						0	0	0
(5) Ruth Charles board	0	✓						0	0	0
(6) Frances Gray board	0	✓						0	0	0
(7) James Guy board	0	✓						0	0	0
(8) Michael Halleck board	0	✓						0	0	0
(9) Carol Holmes board	0	✓						0	0	0
(10) Thomas Klingenmen board	0	✓						0	0	0
(11) P J Macali board	0	✓						0	0	0
(12) Betty Morrison board	0	✓						0	0	0
(13) Jack O'Connel board vice preident	0	✓	✓					0	0	0
(14) Micheal Robinson board	0	✓						0	0	0
(15) Dominic Volpone board	0	✓						0	0	0
(16) Gray Williams board secretary	0	✓	✓					0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Joseph Rossi CEO	40				✓			87,434	0	19,438
(18) Donald Dockry CFO	40				✓			69,670	0	19,360
(19) Anthony Cario COO	40				✓			60,670	0	19,270
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b **Sub-total** ▶								217,774	0	58,068
c **Total from continuation sheets to Part VII, Section A** ▶								0	0	0
d **Total (add lines 1b and 1c)** ▶								217,774	0	58,068

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
None		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	30,125,860			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f. $					
	h	**Total.** Add lines 1a–1f ▶		30,125,860			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		32,156			
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a	home choice		299,576			
	b	client liability		255,925			
	c	goodwill		28,174			
	d	All other revenue		60,782			
	e	**Total.** Add lines 11a–11d ▶		644,457			
	12	**Total revenue.** See instructions. ▶		30,802,473			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	25,073,425	25,073,425		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	217,774		217,774	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,811,276	2,160,936	650,340	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	84,648	57,825	26,823	
9	Other employee benefits	1,111,089	830,585	280,504	
10	Payroll taxes	222,043	156,768	65,275	
11	Fees for services (non-employees):				
a	Management				
b	Legal	68,485	43,204	25,281	
c	Accounting	17,860	11,814	6,046	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	24,655	15,287	9,368	
13	Office expenses	69,318	54,516	14,802	
14	Information technology				
15	Royalties				
16	Occupancy	175,049	101,698	73,351	
17	Travel	197,102	155,411	41,691	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	33,382	22,626	10,756	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	equipment purchases/maintenance	142,335	100,094	42,241	
b	membership dues	29,148	20,947	8,201	
c	telephone	91,542	71,013	20,529	
d	postage	12,773	8,405	4,368	
e	printing	6,946	5,564	1,382	
f	All other expenses	194,266	105,329	88,937	
25	**Total functional expenses.** Add lines 1 through 24f	30,583,116	28,995,447	1,587,669	
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	1,230,520	2	1,505,087
	3	Pledges and grants receivable, net	2,006,146	3	2,048,211
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	39,648	9	18,411
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	100,545	11	118,019
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,376,859	16	3,689,728
Liabilities	17	Accounts payable and accrued expenses	383,902	17	387,309
	18	Grants payable	2,319,486	18	2,409,591
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	2,703,388	26	2,796,900
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	673,471	27	892,828
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	673,471	33	892,828
	34	Total liabilities and net assets/fund balances	3,376,859	34	3,689,728

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	30,802,473
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,583,116
3	Revenue less expenses. Subtract line 2 from line 1	3	219,357
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	673,471
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	892,828

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	✓	
b	Were the organization's financial statements audited by an independent accountant?	2b	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	✓	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	✓	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
Area Agency on Aging 11, Inc	34-1194060

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,490,755	22,279,873	24,798,625	28,226,298	30,125,860	126,921,411
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	21,490,755	22,279,873	24,798,625	28,226,298	30,125,860	126,921,411
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						126921,411

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	21,490,755	22,279,873	24,798,625	28,226,298	30,125,860	126,921,411
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75,663	95,410	-16,879	39,144	32,156	225,494
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	378,111	379,233	266,194	260,056	644,457	1,928,051
11 **Total support.** Add lines 7 through 10						129,074,956

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

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.3 %
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	98.5 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b . . .						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f)) . . .	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . ▶ ☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Area Agency on Aging 11

Employer identification number

34-1194060

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Comfort Keepers P.O. Box 1552 Youngstown OH 44501	311508559	na	1,016,730	0			personal care
(2) Trumbull Mobile Meals 210 High 2nd fl YWCA Warren OH 44483	237137110	501 3 c	205,014	0			meals
(3) Laurie Ann Home 2200 Milton Blvd Newton Falls OH 44444	341844770	na	116,915	0			personal care
(4) Mahoning Health Dept 2801 Market Youngstown OH 44507	346001777	na	113,867	0			adult day care
(5) Cathloic Charities P.O. Box 1740 Warren Oh 44482	340714330	501 3 c	85,763	0			senior center
(6) B&E Respite 1555 Belmont Ave Ste 2 Youngstown OH 44504	341876184	na	303,564	0			personal care
(7) Calcutta Health Care 4844 Bell School Rd Calcutta OH 43920	341790552	na	194,173	0			personal care
(8) Decor Built Contruction 5121 Beverly Av NE Canton OH 44714	341635338	na	50,042	0			medical equip
(9) Guardian medical 18000 W Eight Mile Road Southfield MI 48075	383432082	na	9,781	0			emergency response
(10) Platinum Home Health 325 N 48t Ste 3 Ashtabula OH 44004	271403299	na	13,515	0			personal care
(11) Ohio Valley Home Health 15679 st 170 East Liverpool OH 43920	340114198	501 3 c	409,392	0			personal care
(12) Maimum Healthcare 7080 Morse Dr Columbiana MD 21046	521590951	na	528,976	0			personal care

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 30

3 Enter total number of other organizations . . . . . ▶ 113

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

Area Agency on Aging 11

Employer identification number

34-1194060

Part I General Information on Grants and Assistance

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Mikouis Home Delivery 840 N Market Lisbon OH 44432	030563467	na	74,385	0			personal care
(2) Over the Rainbow 2305 Elm Rd ext Cortland OH 44410	311500314	na	296,288	0			adult day care
(3) Valley Home Health 755 Boardman Canfield RD	731721721	na	431,292	0			personal care
(4) Luebertha Greer 374 Boardman-Poland Rd Boarddman OH 44512	061777235	na	231,543	0			personal care
(5) Cambridge Home Health 405 EmbassyPK akron OH 44333	341816108	na	751,656	0			personal care
(6) Priority Staffing 3904 N Ridge Perry OH 44480	341594309	na	105,922	0			personal care
(7) Sacred Arms 4993 Unity Line Rd New Waterford OH 44485	341955908	na	88469	0			personal care
(8) Liberty Assembly of God 6779 Belmont Ave Girard OH 44420	341378297	na	4310	0			personal care
(9) Sateri Home 830 Belmont Ave Youngstown OH 44512	341243226	na	54,534	0			personal care
(10) ADT Security Systems 32100 US HY 19 N Palm Harbor FL 34664	581814102	na	1087	0			emergency response
(11) TVC Home Health Care 5130 Young-Poland Rd Youngs OH 44514	743140459	na	175,491	0			personal care
(12) Community Caregivers 400 E Main St # 3 Canfield OH 44406	205563902	na	75,111	0			personal care

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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(1) Loraine Surgical 2080 West 65th St Cleveland OH 44502	341179093	na	458	0			medical equipment
(2) Critical Signal Tech 22600 Hagge Rd Farmington Hills MI 48335	205117627	na	3951	0			emergency response
(3) Brunner health Care 84444 Mentor Ave Mentor OH 444060	341239394	na	8125	0			personal care
(4) Rural metro 5171 Canal Rd Cuyahoga Heights OH 44125	341178398	na	967	0			emergency response
(5) Lighthouse Home Healthcare 1108 Tod Ave Warren OH 44185	386693272	na	149,399	0			personal care
(6) Sanctuary Skilled 925 E 26th St Ashtabula OH 44004	260342593	na	174,602	0			personal care
(7) Golden Rule Homecare 223 Churchill Hubbard Rd Yo OH 44505	300312730	na	369,645	0			personal care
(8) Continum Home Health 1100 Lake Ave Ashtabula OH 44004	341631785	na	10,172	0			personal care
(9) Willis Taylor 1845 Fifth Ave Youngstown OH 44505	292302180	na	346	0			counseling
(10) ActivStyle 3100 Pacific St North Minneapolis Mn 55411	411875463	na	115	0			personal care
(11) Ash Home Health 3499 jefferson Rd Ashtabula OH 44005-1428	341143158	501 3 c	284,551	0			personal care
(12) Country Neighbor Program PO Box 212 Orwell OH 44076	341331627	501 3 c	249,467	0			personal care

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(1) Mothers Karing Touch 6971 Adams Rd Rogers OH 44485	030451435	na	640798	0			personal care
(2)							
(3) YWCA 25 Rayen Ave Youngstown OH 44503	340714732	501 3 c	148	0			personal care
(4) Columbiana Cty Commiss 7685 E State Street Salem OH 44480	346000745	na	70,818	0			senior center
(5) Accord Home Services 100 Debartlo Pl 135 Boardman Oh 44512	201078645	na	261,303	0			personal care
(6) Health Care Bridge 24011 Greenwood Beachwood OH 44122	432030126	na	190,511	0			personal care
(7) Medicall 11 w Cooke Rd Suite 3 Columbus OH 43214	233063441	na	57,616	0			personal care
(8) Salem Vna 2235 E pershing St A Salem OH 44460	340709901	501 3 c	79,773	0			adult day care
(9) Scope 220 West Market Street Warren OH 44481	340938370	501 3 c	609,378	0			senior center
(10) Joann's Healthcare 2023 Belmon Ave Youngstown OH 44505	134214077	na	329,245	0			personal care
(11) Easter Seals Society 299 Edward st Youngstown OH 44502	346004377	501 3 c	166,682	0			adult day care
(12) Caring Hearts Home Care 8182 Plans RD Mentor OH 44060	341505340	na	9719	0			personal care

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(1) Evergreen Healthcare 13 Arms Blvd Niles OH 44446	113702983	na	276,689	0			personal care
(2) Caring hands 2367 W State St Alliance OH 44601	341505340	na	175,255	0			personal care
(3) Miller Rental Sales 623 Meridan Rd Youngstown OH 44509	341041763	na	24,681	0			medical equipment
(4) Kolala Kruizers 1310 N Main St North Canton OH 44720	341791836	na	2240	0			personal care
(5) Youngstown Contracting 810 Elm St Youngstown OH 44506	340742712	na	97532	0			home repair
(6) Companion care Home Health 7185d Hart St Mentor OH 44060	753149663	na	142,682	0			personal care
(7) CI Healthcare Oakhill Ave Suite 150 Youngstown OH 44502-1454	56240621	na	137,717	0			personal care
(8) Seely medical 4 Parker Dr Andover OH 44003	341220431	na	45,869	0			medical equip
(9) Signature Health Services 132 Westchester Austintown OH 44515	204002865	na	22,986	0			personal care
(10) Access to Independence 4900 S Prospect St ravenna OH 44206	341389369	na	709	0			personal care
(11) Homecare with Heart 725 Board-Canfield Rd Youngstown OH 44512	200618346	na	1,031,850	0			personal care
(12) ADT Security Systems 32100 US High 19 N Palm Harbor FL 34684	341864840	na	1618	0			emergency response

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(1) Community Caregivers 400 E Main St Canfield OH 44106	341864840	na	917,886	0			personal care
(2) Heritage Manor 517 Gypsy Lane Youngstown OH 44501	340714442	na	67,544	0			personal care
(3) Antonine Sisters 2691 N Lipkey Rd North jackson OH 44451	341749370	na	314,654	0			adult day care
(4) Nursing Systems 28 Centennial Dr Poland OH 44514	200029162	na	152,806	0			personal care
(5) Equal Access 7401 Market Boardman OH 44512	341545387	na	164,797	0			personal care
(6) Boardman Medical 404Boardma Canfield Rd Boardman Oh 44512	341360782	na	38,897	0			medical equipment
(7) Help Hotline PO Box 46 Youngstown OH 44501-0046	34196630	501 3 c	20,136	0			information
(8) Callos Nursing Systems 5083 Market Youngstown OH 44512	010591443	na	1,041,572	0			personal care
(9) Central Exterminating 3202 St Clair cleveland Oh 44114	340811703	na	2850	0			pest control
(10) Micheal Libbey 72 Woodview Bopardman OH 44512	27587085	na	17,091	0			nutrition consulti
(11) Mahoning Medical 5620Mahonin Ave Suite C Austintown OH 44515	352202512	na	8,170	0			medical equipment
(12) Heritage HomeCare1005 Franklin Ave Toronto OH 43964	340714442	na	24,652	0			personal care

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(1) Russian Tradition 108 N Cassingham Rd Columbus OH 43209	311423817	na	85,981	0			meals
(2) Redi Med HealthCare 1819 E 51 St Ashtabula Oh 44004	341422905	na	42,773	0			personal care
(3) Home Care Advantage 2335 E Pershing Suite A Salem OH 44460	341758970	501 3 c	539,669	0			personal care
(4) YoungstownHearingSpeech6614 Southern Blvd Yo OH 44512	34074271	501 3 c	329	0			consulting
(5) Home Care Network 724 BoardmanCanfieldRD Boardman Oh 44512	311397386	na	407,112	0			personal care
(6) Valued Relationships 355 N main St Springfield OH 45066	311274364	na	190,370	0			personal care
(7) Primary Nursing Care 280 North Park Ave Warren OH 44481	341786196	na	433,529	0			personal care
(8) Duraline Medical 324 Werner St Leipsic OH 45856	364057006	na	23,679	0			medical equip
(9) Moms Meals 718 SE Sharfine Dr Ankeny IA 50021	412096639	na	168,075	0			meals
(10) Around the clock 270 Main St Painesville OH 44077	341598597	na	2175	0			personal care
(11) Home Instead 755 BoardmanCan Bld f #1 Boardman OH 44512	341957841	na	9856	0			personal care
(12) Info Line 474 Grant Street Akron OH 44311	341170391	na	1596	0			personal care

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(1) NCH INTREPID 3645 Warrens-Ville #124 Shaker Heights OH 44122	341479650	na	124,494	0			personal care
(2) Med Transportation 3437McCart-ney Rd Youngstown OH 44505	743250524	na	3272	0			transporation
(3) Senior Independence 1216 5th ave Youngstown OH 44504	344429863	501 3 c	295,821	0			adult day care
(4) Western Reserve 12550 Chillico-the rd Chesterland OH 44026	043696982	na	1400	0			meals
(5) Lightkeepers Home Health 82 Garfield #33 E Paletine OH 44413	261745715	na	8945	0			personal care
(6) Kencare Education496Glenwood Ste 220 youngstown OH 44520	113785252	na	31,313	0			training
(7) Ashtabula CAA 2009 W prospect Ashtabula OH 444004	341059824	501 3 c	484,294	0			meals
(8) Trumbull CTY elderly Affairs 700 Buckeye NW Warren OH 44485	346002841	na	660,603	0			meals
(9) Celtic Healthcare 3550 Belmont Ave Suite 7 Youngstown OH 44505	371565554	na	1,782,509	0			personal care
(10) CAA of Columbaina Cty 7880 Lincole pl Lisbon OH 44432	346565185	501 3 c	455,733	0			meals
(11) Ashtabula Council Aging 4632 Ave Main Ashtabula OH 44004	237263183	501 3 c	36,641	0			senior center
(12) Ashtabula Cty Trans 25 West Jefferons st Jefferson OH 44047	341095126	na	40,296	0			transportation

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(1) Village of Jefferson 27 E Jefferson Jefferson OH 44047	34001508	na	8201	0			transprtation
(2) Associated Neighborhoods1849 Jacobs Rd Youngstown OH 44505	340714812	501 3 c	18,548	0			transportation
(3) Visiting Caregivers 518 E indianola Ave Youngstown Oh 44502	340714780	501 3 c	22,190	0			health assessment
(4) MYCAP 934 Oak Street Youngstown OH 44506	340969202	501 3 c	34,953	0			transporation
(5) Village Lowellville 140 ELiberty St lowellville OH 44436	346001729	na	8929	0			transporation
(6) city of Campbell 351 Tenney Ave Cambell OH 44405	346000493	na	10,695	0			transporation
(7) Family Services Agency 535 Marmion Ave Youngstown OH 44502	340713662	501 3 c	3920	0			protective service
(8) City of Girard 100 West Main St Girard OH 44420	346001227	na	8517	0			transportation
(9) Guardian Protective Services197 W Market St Warren OH 44481	20215144	501 3 c	28,704	0			protective service
(10) Area Agency On Aging 11 5555 Yo-Warren Rd Niles OH 44446	341194060	501 3 c	105,964	0			ombudsman
(11) Ashtabula county Legal Aid 121 E Walnut Jefferson OH 44047	340866026	501 3 c	6479	0			legal services
(12) Community Legal Aid 50 S Main Suite 800 Akron OH 44308	340753560	501 3 c	43,348	0			legal services

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(1) Terreforme Enteprises 596 Champion Avenue W Warren Oh 44483	341820874	na	202,492	0			assisted living
(2) Crossroad at BeaverCreek 13280 Echo Dell Rd E Liverpool OH 43920	20150947	na	300,498	0			assisted living
(3) Marian Living Center 9800Market North Lima OH 44452	341013695	na	85,301	0			assisted living
(4) Humility House 755 Ohltown Rd Austintown OH 44515	341894783	na	96,016	0			assisted living
(5) Allen Dell Assited Living 2200 Milton Newton Falls OH 44444	341470851	na	212,420	0			assisted living
(6) Victoria House 6295 Askey Circ Austintown OH 44514	571206749	na	20,910	0			assisted living
(7) Liberty Arms 1353 Churchill Hubbard Rd youngstown Oh 44506	341571472	na	186,675	0			assisted living
(8) Grace Woods center 730 Youngstown- Warren Niles OH 44436	201824940	na	537,478	0			assisted living
(9) Grace Woods of Salem 1166 Benton Rd Salem OH 44460	201824940	na	130,664	0			assisted living
(10) Country Club Retirement Center 925 e 26th Ashtabula OH 44004	341424223	na	356,817	0			assisted living
(11) YAJF Levy Gardens 517 Gypsy Lane Youngstown OH 44504	340714442	na	11,916	0			assisted living
(12) Omni West 3259 Vestal Rd Youngstown OH 44509	341571472	na	597,637	0			assisted living

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(1) Copeland Oaks 8005 15th St Sebring OH 44672	340941565	na	117,281	0			assisted living
(2) Brooksdale Senior Living 330 N Washbush #1400 Chicago Il 606011	391771281	na	91,026	0			assisted living
(3) Sterling House 6737 W Washington Milwaukee WI 53214	391771281	na	6053	0			ssisted living
(4) Orion Austinburg 2026 State RT 46 Austinburg OH 44010	260240140	na	85,042	0			assisted living
(5) Cleveland Alz Assoc 12200 Fairhill Cleveland OH 44120	341311175	501 c 3	8440	0			alzheimer's
(6) Youngstown Alz Assoc 3736 Bo ardman Canfield Canfield OH 44406	341454446	501 3 c	47,645	0			alzheimer's
(7) Interfaith Home Maint 317 Via Mt Carmel Youngstown OH 44505	341219024	501 3 c	100,481	0			home repair
(8) City of Newton Falss 19 N Canal St Girard OH 44420	346002022	na	6064	0			transporation
(9) Trumbull Mobilty Mgt 161 HighSt Warren OH 44481	346002841	na	2000	0			transportation
(10) Trumbull Cty 106 High Street NW Warren OH 44481	346002841	na	60,000	0			protective service
(11) Giard Multi Generational 443 Trumbull Ave Girard OH 44420	341937126	501 3 c	3309	0			suporative service
(12) Meridian Arms 650 S meridian Youngstown OH 44509	582337900	n/a	207,064	0			assisted living

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Area Agency on Aging 11

Employer identification number

34-1194060

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Hands On Volunteer 5500 Market Youngstown OH 44512	341593908	501 3 c	4327	0			volunteer
(2) Family Community Services PO BoX 413 Lisbon OH 44432	341902451	501 3 c	8653	0			volunteer
(3) Community Commons 1340 Mahoning Ave NW Warren OH 44483	340899610	na	174,001	0			assisted living
(4) Lisbon Nursing Care Center 100 Vista Dr Lisbon OH 44432	200322973	na	174,991	0			assisted living
(5) Sanctuary of Geneva 200 Commerce Place geneva OH 44041	341971153	na	25,121	0			assisted living
(6) EDL Briarfield manor 461 S Canfield Niles Austintown OH 44515	200415	na	90,507	0			assisted living
(7) Villa At the Lake 48 Parish Rd Conneaut OH 44030	312621969	na	584,267	0			assisted living
(8) Briarfield at the Ridge 3389 Main St Mineral Ridge OH 44440	204202829	na	175,901	0			assisted living
(9) Park Vista 1216 Fifth Ave Youngstown OH	344429863	na	168,887	0			senior center
(10) Inn at Christine Valley 3150 S Schenely Youngstown OH 44511	341893248	na	65,151	0			assisted living
(11) Sateri Home 830 Boardman Canfield Youngstown OH 44512	341243226	na	256,795	0			assisted living
(12) Manor at Autumn Hills 2567 niles Rd Niles oH 44446	311504242	na	49,167	0			assisted living

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

3 Enter total number of other organizations . . . . . ▶

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Area Agency on Aging 11 Inc

Employer identification number
34-1194060

Part III 4d Other services provided by agencies funded by AAA 11 include Title III-B,III-D,III-E, Senior Community Services- Provided personal care,homemaker,transportation,senior centers, Grants were made to Alzheimer's and RSVP.

Part VI line 11b Copy of tax return is available to Board Members who request a copy.

Part VI 12 c Employees and members complete a Conflict of Interest form annually

Part VI line 15b- salary consultant review salary compensation

Part VI line 19- Documents made available to public upon request

Part VII column B Board meet once a month.

Name of the organization	Employer identification number
Area Agency on Aging 11, Inc	34-1194060