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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2010Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organizationWASHINGTON COUNTY COMMISSION ON
AGING, INC./AREA AGENCY ON AGING

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
140 WEST FRANKLIN STREETCity or town, state or country, and ZIP + 4
HAGERSTOWN, MD 21740**F** Name and address of principal officer: SUSAN J. MACDONALD
SAME AS C ABOVE**D** Employer identification number

52-0899001

E Telephone number
301-790-0275**G** Gross receipts \$ 2,623,544.**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)

H(c) Group exemption number ▶**I** Tax-exempt status. ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.WCCOAGING.ORG**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1973 **M** State of legal domicile MD**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO PLAN AND COORDINATE SYSTEMS OF SERVICES WHICH HELP OLDER AMERICANS MAINTAIN THEIR INDEPENDENCE		
	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	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	60
	6	Total number of volunteers (estimate if necessary)	6	520
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,646,501.	Current Year 2,482,618.
	9	Program service revenue (Part VIII, line 2g)	137,453.	135,030.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,345.	5,896.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,787,299.	2,623,544.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	565,180.	548,846.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,329,146.	1,321,183.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	684,034.	611,551.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,578,360.	2,481,580.	
19	Revenue less expenses. Subtract line 18 from line 12	208,939.	141,964.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,201,829.	End of Year 1,400,200.
	21	Total liabilities (Part X, line 26)	166,351.	264,676.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,035,478.	1,135,524.

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	1/9/12
	SUSAN J. MACDONALD, EXECUTIVE DIRECTOR	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	J. WAYNE BECKER CPA	J. Wayne Becker, CPA	1/10/2012
Firm's name	SMITH ELLIOTT KEARNS & COMPANY, LLC	Firm's EIN	
	Firm's address	480 N. POTOMAC STREET HAGERSTOWN, MD 21740	Phone no (301) 733-5020

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

032001 02-22-11

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

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SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

G16 14

SCANNED FEB 06 2012

WASHINGTON COUNTY COMMISSION ON
AGING, INC./AREA AGENCY ON AGING

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Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

TO PLAN AND COORDINATE SYSTEMS OF SERVICES WHICH HELP OLDER AMERICANS
MAINTAIN THEIR INDEPENDENCE THROUGH A VARIETY OF PROGRAMS. THESE
PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, ACCESS SERVICES, IN-HOME
SERVICES, HOUSING/LONG-TERM CARE FACILITIES SERVICES, LEGAL SERVICES,

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 \$ 250,700. including grants of \$) (Revenue \$ 789.)
TITLE IIIB - PROVIDES SUPPORTIVE SERVICES INCLUDING: HEALTH, EDUCATION
AND TRAINING, INFORMATIONAL, RECREATIONAL, HOMEMAKER, REFERRAL
SERVICES, AND TRANSPORTATION SERVICES TO FACILITATE ACCESS TO
SUPPORTIVE SERVICES.

4b (Code:) (Expenses \$ 274,461. including grants of \$) (Revenue \$ 47.)
SENIOR CARE - PROVIDES A NETWORK OF SERVICES AND BENEFITS AVAILABLE FOR
SENIOR CITIZENS FROM PUBLIC AND PRIVATE AGENCIES. OPERATES IN
COOPERATION WITH THE DEPARTMENT OF SOCIAL SERVICES AND THE ADULT
EVALUATION AND REVIEW SERVICES OF THE HEALTH DEPARTMENT. ASSESSMENTS,
CASE MANAGEMENT AND IN-HOME SERVICE ARE PROVIDED FOR "AT RISK"
INDIVIDUALS AGED 65 AND OLDER WHO MEET FINANCIAL AND FUNCTIONAL
ELIGIBILITY.

4c (Code:) (Expenses \$ 466,924. including grants of \$) (Revenue \$ 75,201.)
TITLE IIIC - PROVIDES TO SENIOR CITIZENS WHO QUALIFY FOR CONGREGATE
NUTRITION SERVICES AT VARIOUS SITES AND ALSO PROVIDES HOME DELIVERED
NUTRITION SERVICES THROUGHOUT WASHINGTON COUNTY MARYLAND.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,062,612. including grants of \$) (Revenue \$ 58,993.)

4e Total program service expenses 2,054,697.

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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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>		X
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
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)		

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

Note. All Form 990 filers are required to complete Schedule O

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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	25	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
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	60	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
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	X
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	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	6a	X
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?	6b	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a	X
7 Organizations that may receive deductible contributions under section 170(c).		7b	
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?	7c	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	8	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	9a	
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?		9b	
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
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? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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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

☒ X**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		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11b 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		X
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	X	
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	X	
b Other officers or key employees of the organization		X
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?		X
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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: ►
 STEVEN T. REYNOLDS, CPA - 301-790-0275
 140 WEST FRANKLIN STREET, HAGERSTOWN, MD 21740

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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			
WILLIAM K. BEARD, JR. PRESIDENT	5.00	X		X				0.	0.	0.
JOHN P. KENNEY VICE-PRESIDENT	0.50	X		X				0.	0.	0.
DEBORAH A. WASILIUS SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
SIDNEY L. GALE DIRECTOR	1.00	X						0.	0.	0.
MARY MCPHERSON DIRECTOR	1.00	X						0.	0.	0.
CYNTHIA M. PELLEGRINO DIRECTOR	1.00	X						0.	0.	0.
DR. MONICA STALLWORTH DIRECTOR	1.00	X						0.	0.	0.
DR. PETER CALLAS DIRECTOR	1.00	X						0.	0.	0.
AMY OLACK DIRECTOR	1.00	X						0.	0.	0.
ALFRED E. MARTIN DIRECTOR	1.00	X						0.	0.	0.
RUTH ANNE CALLAHAM DIRECTOR	1.00	X						0.	0.	0.
ELIZABETH BONEBRAKE DIRECTOR	1.00	X						0.	0.	0.
EDWARD WURMB, III DIRECTOR	1.00	X						0.	0.	0.
SUSAN J. MACDONALD EXECUTIVE DIRECTOR	37.50			X				72,426.	0.	11,878.

WASHINGTON COUNTY COMMISSION ON
AGING, INC./AREA AGENCY ON AGING

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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			
1b Sub-total								72,426.	0.	11,878.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								72,426.	0.	11,878.

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		X
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		X
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		X

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

WASHINGTON COUNTY COMMISSION ON
AGING, INC./AREA AGENCY ON AGING

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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	1 a	Federated campaigns	1a	59,577.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	229,316.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	129,875.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			248,261.			
	Program Service Revenue	2 a	PARTICIPANT DONATIONS	Business Code 624100	135,030.	135,030.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			135,030.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,896.			5,896.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	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					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
10 a	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					
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			262,354.	135,030.	0.	5,896.	

**WASHINGTON COUNTY COMMISSION ON
AGING, INC./AREA AGENCY ON AGING**

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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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	548,846.	548,846.		
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	87,563.		87,563.	
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	1,028,096.	858,030.	170,066.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,507.	15,362.	2,145.	
9 Other employee benefits	99,486.	89,804.	9,682.	
10 Payroll taxes	88,531.	64,031.	24,500.	
11 Fees for services (non-employees)				
a Management				
b Legal	31,400.	29,475.	1,925.	
c Accounting	84,624.	64,652.	19,972.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	24,625.	24,625.		
12 Advertising and promotion				
13 Office expenses	90,773.	55,064.	35,709.	
14 Information technology				
15 Royalties				
16 Occupancy	224,340.	180,163.	44,177.	
17 Travel	42,198.	37,822.	4,376.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,070.	2,353.	2,717.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	54,565.	42,071.	12,494.	
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 RETURN OF FUND RECEIVED	26,200.	26,200.		
b VOLUNTEER EXPENSES	14,714.	14,714.		
c EQUIPMENT	9,201.	300.	8,901.	
d DUES/PUBLICITY	2,219.	159.	2,060.	
e MISCELLANEOUS	1,044.	448.	596.	
f All other expenses	578.	578.		
25 Total functional expenses. Add lines 1 through 24f	2,481,580.	2,054,697.	426,883.	0.
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				

WASHINGTON COUNTY COMMISSION ON
AGING, INC./AREA AGENCY ON AGING

Form 990 (2010)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	95,457.	1	
	2 Savings and temporary cash investments	926,337.	2	1,235,194.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	119,626.	4	95,011.
	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	7,734.	9	10,493.
	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	16,066.	11	43,220.
	12 Investments - other securities. See Part IV, line 11	36,609.	12	16,282.
	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)	1,201,829.	16	1,400,200.	
Liabilities	17 Accounts payable and accrued expenses	166,351.	17	198,862.
	18 Grants payable		18	
	19 Deferred revenue		19	65,814.
	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	166,351.	26	264,676.
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	792,524.	27	932,274.
	28 Temporarily restricted net assets	242,954.	28	203,250.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,035,478.	33	1,135,524.
	34 Total liabilities and net assets/fund balances	1,201,829.	34	1,400,200.

Form 990 (2010)

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	2,623,544.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,481,580.
3	Revenue less expenses. Subtract line 2 from line 1	3	141,964.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,035,478.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<41,918.>
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	1,135,524.

Part XII Financial Statements and Reporting

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

☒

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- 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.
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

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 **WASHINGTON COUNTY COMMISSION ON AGING, INC./AREA AGENCY ON AGING** Employer identification number **52-0899001**

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

WASHINGTON COUNTY COMMISSION ON

Schedule A (Form 990 or 990-EZ) 2010 AGING, INC./AREA AGENCY ON AGING

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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.")	2,112,263.	2,187,721.	2,565,815.	2,646,501.	2,482,618.	11,994,918.
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	2,112,263.	2,187,721.	2,565,815.	2,646,501.	2,482,618.	11,994,918.
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						11,994,918.

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	2,112,263.	2,187,721.	2,565,815.	2,646,501.	2,482,618.	11,994,918.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,216.	4,168.	1,069.	3,345.	5,896.	29,694.
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.)						
11 Total support. Add lines 7 through 10						12,024,612.
12 Gross receipts from related activities, etc. (see instructions)					12	694,137.

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	99.75 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.74 %
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 ► ☐		

Schedule A (Form 990 or 990-EZ) 2010

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 ☐

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010Open to Public
InspectionName of the organization **WASHINGTON COUNTY COMMISSION ON
AGING, INC./AREA AGENCY ON AGING**Employer identification number
52-0899001**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,623,544.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,481,580.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	141,964.
4	Net unrealized gains (losses) on investments	4	5,564.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	<47,482.>
9	Total adjustments (net). Add lines 4 through 8	9	<41,918.>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	100,046.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,686,039.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	5,564.
b	Donated services and use of facilities	2b	56,931.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	62,495.
3	Subtract line 2e from line 1	3	2,623,544.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,623,544.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,538,511.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	56,931.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	56,931.
3	Subtract line 2e from line 1	3	2,481,580.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,481,580.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: THE ORGANIZATION FOLLOWS FASB ACCOUNTING STANDARDS

CODIFICATION, WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN
INCOME TAXES RECOGNIZED IN AN ENTITYS FINANCIAL STATEMENTS. THE GUIDANCE
PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE
FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR
EXPECTED TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON
DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN
INTERIM PERIODS, DISCLOSURES, AND TRANSITION. AS OF JUNE 30, 2010, THE

Part XIV Supplemental Information (continued)

ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER
RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATIONS
POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS
IN INCOME TAX EXPENSE IN THE FINANCIAL STATEMENT. NO INTEREST AND
PENALTIES WERE RECORDED DURING THE YEAR ENDED JUNE 30, 2010. GENERALLY,
THE TAX YEARS BEFORE 2007 ARE NO LONGER SUBJECT TO EXAMINATION BY FEDERAL,
STATE OR LOCAL TAXING AUTHORITIES.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

RESTATEMENT OF ACCOUNTS RECEIVABLE - STATE GRANTS AT JUNE 30, 2010

WASHINGTON COUNTY COMMISSION ON AGING, INC./AREA AGENCY ON AGING

52-0899001

Page 2

Schedule I (Form 990) (2010)

Part II Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
GROUP HOUSING SUBSIDIES (SALGHs)	14	78,018.	0.		
SENIOR NEEDS (CHORES AND PERSONAL CARE/DAY CARE)	125	156,490.	0.		
LIFELINE EMERGENCY RESPONSE	30	7,413.	0.		
RESPIRE CARE	16	8,228.	0.		
CRISIS INTERVENTION	52	3,122.	0.		

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

SCHEDULE I, PART I, LINE 2: SENIOR ASSISTED LIVING GROUP HOME SUBSIDY

PROGRAM IS BASED ON INCOME, MEDICAL EXPENSE AND AVAILABILITY OF FUNDS.

USUALLY, AN ADULT EVALUATION REPRESENTATIVE FROM THE WASHINGTON COUNTY

HEALTH DEPARTMENT ADULT EVALUATION AND REVIEW SERVICE(AERS) PROGRAM

CONDUCTS AN ASSESSMENT ON EACH RESIDENT APPLYING FOR SUBSIDY TO MAKE SURE

THE RESIDENT QUALIFIES PHYSICALLY. THE MONTHLY SUBSIDY IS PAID DIRECTLY TO

THE PROVIDER FROM WASHINGTON COUNTY COMMISSION ON AGING, INC. ON BEHALF OF

THE RESIDENT. EACH GROUP HOME PROVIDER IS MONITORED ON A QUARTERLY BASIS

TO CONFIRM THEY ARE OPERATING IN COMPLIANCE WITH COMAR STATE REGULATIONS

WASHINGTON COUNTY COMMISSION ON
AGING, INC./AREA AGENCY ON AGING

52-0899001

Page 2

Schedule I (Form 990)

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
PREScription MEDICINES	21.	17,036.	0.		
MEDICAL SUPPLIES	81.	17,728.	0.		
MEALS	773.	256,171.	0.		
INDIVIDUAL SPECIAL ASSISTANCE	2.	4,640.	0.		

Schedule I (Form 990)

Part IV Supplemental Information

AND ONE ON ONE VISITS ARE CONDUCTED WITH RESIDENTS TO ENSURE THEY ARE RECEIVING ADEQUATE CARE. QUARTERLY REPORTS ARE SENT TO THE STATE OFFICE ON AGING AND RE-APPLICATIONS ARE COMPLETED ANNUALLY FOR ELIGIBILITY REQUIREMENTS FOR THE UPCOMING YEAR.

SENIOR CARE SERVICES INCLUDE PERSONAL CARE, CHORE SERVICE, MEDICATIONS, MEDICAL SUPPLIES, ADULT DAY CARE, RESPITE CARE, HOME DELIVERED MEALS, TRANSPORTATION, AND EMERGENCY RESPONSE SYSTEMS. WHEN OLDER PERSONS ARE REFERRED FOR HELP, THEY ARE SCREENED TO DETERMINE IF THEY ARE ELIGIBLE FOR SENIOR CARE. SCREENINGS ARE PERFORMED IN-KIND BY ALL PARTICIPATING AGENCIES AND INCLUDE INFORMATION ABOUT THE INDIVIDUAL'S AGE, INCOME, ASSETS AND FUNCTIONAL ABILITIES. IF THE INDIVIDUAL APPEARS ELIGIBLE FOR SENIOR CARE, A REFERRAL IS MADE FOR A FULL EVALUATION OF NEED. ASSESSMENTS ARE CONDUCTED FACE-TO-FACE WITH THE OLDER PERSON AND HIS/HER FAMILY MEMBERS TO DETERMINE ELIGIBILITY AND TO DEVELOP A PLAN OF CARE. INITIAL ASSESSMENTS ARE PERFORMED IN-KIND, USUALLY BY ADULT EVALUATION AND REVIEW SERVICE (AERS) OF THE WASHINGTON COUNTY HEALTH DEPARTMENT. EACH PERSON RECEIVING SENIOR CARE IS ASSIGNED A CASE MANAGER WHO IS RESPONSIBLE FOR IMPLEMENTING THE CARE PLAN. THE CASE MANAGER ALSO COMPLETES REASSESSMENTS FOR ELIGIBILITY AND NEED EVERY SIX MONTHS.

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

WASHINGTON COUNTY COMMISSION ON
AGING, INC./AREA AGENCY ON AGING

Employer identification number
52-0899001

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH A VARIETY OF PROGRAMS. THESE PROGRAMS INCLUDE, BUT ARE NOT
LIMITED TO, ACCESS SERVICES, IN-HOME SERVICES, HOUSING/LONG-TERM CARE
FACILITIES SERVICES, LEGAL SERVICES, GUARDIANSHIP PROGRAM,
FINANCIAL/EMPLOYMENT SERVICES, HEALTH-RELATED SERVICES, VOLUNTEER
PROGRAMS, RECREATION/EDUCATION PROGRAMS, AND NUTRITION SERVICES
INCLUDING PROVIDING CONGREGATE NUTRITION SITES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GUARDIANSHIP PROGRAM, ELDERLY ABUSE, CRISIS INTERVENTION SERVICES,
HEALTH-RELATED SERVICES, VOLUNTEER PROGRAMS, RECREATION/EDUCATION
PROGRAMS, AND NUTRITION SERVICES INCLUDING PROVIDING HOME DELIVERED
MEALS AND CONGREGATE NUTRITION SITES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SENIOR ASSISTED GROUP HOUSING - PROVIDES TWENTY-FOUR HOUR SUPERVISED
CARE IN A FAMILY LIFE SETTING. PROVIDES MEALS, HOUSEKEEPING AND
PERSONAL CARE TO QUALIFYING RESIDENTS WHO ARE 62 YEARS OF AGE OR OLDER.
EXPENSES \$ 90,748. INCLUDING GRANTS OF \$ 0. REVENUE \$ 477.

SENIOR MEDICARE PATROL INTEGRATION - GRANT FROM THE STATE OF MARYLAND
WHOSE PURPOSE IS TO REDUCE THE AMOUNT OF FEDERAL AND STATE FUNDS LOST
DUE TO HEALTH INSURANCE FRAUD BY INCREASING THE PUBLIC'S ABILITY TO
DETECT AND REPORT POSSIBLE FRAUD, WASTE, AND ABUSE.
EXPENSES \$ 31,638. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization	WASHINGTON COUNTY COMMISSION ON AGING, INC./AREA AGENCY ON AGING	Employer identification number 52-0899001
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SENIOR NUTRITION PROGRAM - PROVIDES CONGREGATE AND HOME-DELIVERED MEALS
MONDAY THROUGH FRIDAY TO ELIGIBLE SENIORS WHO ARE AGE 60 OR OLDER AND
LIVE IN WASHINGTON COUNTY.

EXPENSES \$ 75,636. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SENIOR INFORMATION AND ASSISTANCE - PROVIDES FOR ALL SENIORS, THEIR
FAMILIES AND INTERESTED INDIVIDUALS A SINGLE POINT OF ENTRY TO RECEIVE
ASSISTANCE INFORMATION.

EXPENSES \$ 44,982. INCLUDING GRANTS OF \$ 0. REVENUE \$ 6,060.

GUARDIANSHIP - THE ORGANIZATION SERVES AS A COURT APPOINTED GUARDIAN
FOR QUALIFYING INDIVIDUALS AGED 65 AND OVER WHO ARE INCAPABLE OF MAKING
DECISIONS FOR THEMSELVES AND WHO HAVE NO FAMILY OR FRIEND TO ASSIST
THEM.

EXPENSES \$ 41,555. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RETIRED AND SENIOR VOLUNTEER PROGRAM - SERVES AS A CLEARINGHOUSE FOR
VOLUNTEER OPPORTUNITIES IN WASHINGTON COUNTY FOR INDIVIDUALS 55 YEARS
OF AGE AND OLDER.

EXPENSES \$ 48,493. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,026.

GENERAL FUND (VARIOUS PROGRAMS) - NOT OTHERWISE SPECIFIED.

EXPENSES \$ 21,463. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,343.

MEDICAID WAIVER PROGRAM - PROVIDES ASSISTANCE TO QUALIFYING INDIVIDUALS
AGED 50 AND OLDER TO RECEIVE IN-HOME OR ASSISTED LIVING FACILITY
SERVICES AS AN ALTERNATIVE TO NURSING HOME PLACEMENT.

EXPENSES \$ 68,624. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization	WASHINGTON COUNTY COMMISSION ON AGING, INC./AREA AGENCY ON AGING	Employer identification number 52-0899001
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PEER PROGRAM - A STATE GRANT THROUGH THE DEPARTMENT OF HEALTH AND
MENTAL HYGIENE (DHMH) DESIGNED TO DEVELOP BETTER PRACTICES FOR PEER TO
PEER SUPPORT FROM LONG TERM CARE FACILITIES.

EXPENSES \$ 3,469. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

STATE OMBUDSMAN - THE ORGANIZATION SERVES AS AN OVERSEER FOR RESIDENTS
OF LONG-TERM CARE FACILITIES TO HELP THEM MAINTAIN THEIR LEGAL RIGHTS
AND KEEP CONTROL OVER THEIR LIVES AND PERSONAL DIGNITY.

EXPENSES \$ 52,234. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SENIOR HEALTH INSURANCE PROGRAM (SHIP) - ASSISTS MEDICARE-ELIGIBLE
INDIVIDUALS AND THEIR CAREGIVERS AND FAMILY MEMBERS IN UNDERSTANDING
ALL PARTS OF MEDICARE AND SUPPLEMENTAL INSURANCE. THERE ARE OVER
20,000 MEDICARE BENEFICIARIES PLUS APPROXIMATELY 5,000 ON MEDICARE
DISABILITY.

EXPENSES \$ 21,481. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SENIOR MENTAL HEALTH - THE PROGRAM IS A PARTNERSHIP BETWEEN THIS
ORGANIZATION, THE WASHINGTON COUNTY MENTAL HEALTH AUTHORITY AND THE
DEPARTMENT OF SOCIAL SERVICES PROVIDING SERVICES TO THE ELDERLY.

EXPENSES \$ 29,742. INCLUDING GRANTS OF \$ 0. REVENUE \$ 34,208.

DIABETES CASE MANAGEMENT - A PROGRAM FUNDED BY GRANTS WHICH PROVIDES
REGISTERED NURSES TO CASE MANAGE DIABETES AND ITS COMPLICATIONS FOR
HOMEBOUND OLDER ADULTS.

EXPENSES \$ 41,975. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization	WASHINGTON COUNTY COMMISSION ON AGING, INC./AREA AGENCY ON AGING	Employer identification number 52-0899001
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MAP SITE - MARYLAND ACCESS POINT IS A SINGLE POINT OF ENTRY TO EMPOWER INDIVIDUALS TO MAKE INFORMED CHOICES AND TO STREAMLINE ACCESS TO RESOURCES FOR LIFELONG INDEPENDENCE. THIS "NO WRONG DOOR" APPROACH WILL ASSIST SENIORS OVER AGE FIFTY OF ALL INCOME LEVELS AND YOUNGER DISABLED ADULTS OVER THE AGE OF EIGHTEEN YEARS.

EXPENSES \$ 148,240. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LIVING WELL - A SERIES OF WORKSHOPS FOR PERSONS WITH CHRONIC CONDITIONS. WORKSHOPS TEACH SKILLS NEEDED IN THE DAY-TO-DAY MANAGEMENT OF TREATMENT AND TO MAINTAIN AND/OR INCREASE LIFE'S ACTIVITIES.

EXPENSES \$ 50,585. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

NATIONAL COUNCIL ON AGING GRANT - SUPPORTS BENEFIT ENROLLMENT FOR THE ELDERLY AND DISABLED.

EXPENSES \$ 26,603. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MONEY FOLLOWS PERSON - STATE IMPLEMENTATION OF FEDERAL PROGRAM PROVIDING ALTERNATIVES TO LONG-TERM CARE FACILITIES.

EXPENSES \$ 23,010. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

PILOT SENIOR CENTER - MULTI-SERVICE SENIOR CENTER THAT OFFERS A VARIETY OF CLASSES, PROGRAMS AND ACTIVITIES DESIGNED TO PROVIDE A FOCAL POINT FOR ACTIVE, VIBRANT OLDER PERSONS.

EXPENSES \$ 219,817. INCLUDING GRANTS OF \$ 0. REVENUE \$ 7,879.

ARRA - FUNDS A CONGREGATE SENIOR NUTRITION SITE IN CLEAR SPRING, MD THAT PROVIDES A HOT NOON MEAL, HEALTH SCREENINGS, ENTERTAINMENT, CRAFTS, ETC IN A GROUP SETTING TO INDIVIDUALS FROM THE SURROUNDING

Name of the organization WASHINGTON COUNTY COMMISSION ON
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AREA. ALSO HELPS FUND THE DIABETES SELF-MANAGEMENT PROGRAM, LIVING WELL WITH DIABETES, WHICH PROVIDES A 7 WEEK WORKSHOP THAT TEACHES SKILLS NEEDED IN THE DAY-TO-DAY MANAGEMENT OF TREATMENT OF DIABETES AS WELL AS THE SKILLS NEEDED TO MAINTAIN AND/OR INCREASE LIFE ACTIVITIES. EXPENSES \$ 12,549. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT - DEMONSTRATES HOW STATE HEALTH INSURANCE COUNSELING PROGRAMS, LOCAL AREA AGENCIES ON AGING AND MARYLAND ACCESS POINT SITES CAN WORK TOGETHER TO ENHANCE AND INTENSIFY OUTREACH ACTIVITIES TO HELP MEDICARE BENEFICIARIES UNDERSTAND AND APPLY FOR ASSISTANCE PROGRAMS FOR LOW INCOME BENEFICIARIES SUCH AS THE LOW INCOME SUBSIDY PROGRAM, TO HELP WITH MEDICARE PART D PRESCRIPTION DRUG PROGRAM EXPENSES, MEDICARE SAVINGS PROGRAMS - Q-1 QUALIFIED MEDICARE BENEFICIARY PROGRAM, AND SPECIFIED LOW INCOME MEDICARE SUBSIDY PROGRAM (LIS).

EXPENSES \$ 2,131. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

HOSPITAL DISCHARGE - PROMOTES THE DEVELOPMENT AND IMPLEMENTATION OF ENHANCED HOSPITAL DISCHARGE PLANNING MODELS THAT MEANINGFULLY ENGAGE MEDICAID-ELIGIBLE INDIVIDUALS WITH DISABILITIES AND INCREASES THE CAPACITY OF EXISTING, AND DEVELOP NEW, SINGLE ENTRY POINTS TO PROVIDE CRITICAL LINKAGES TO AVAILABLE LONG-TERM CARE SERVICES IN THE COMMUNITY.

EXPENSES \$ 7,637. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR. WHEN REVIEWING THE FORM 990, THE EXECUTIVE DIRECTOR VERIFIES THAT THE NARRATIVES THROUGHOUT THE FORM REFLECT THE MISSION AND

Name of the organization	WASHINGTON COUNTY COMMISSION ON AGING, INC./AREA AGENCY ON AGING	Employer identification number 52-0899001
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GOALS OF THE ORGANIZATION AS WELL AS ITS POLICIES. IN ADDITION, THE EXECUTIVE DIRECTOR ENSURES THAT THE PROGRAMS CARRIED OUT BY THE ORGANIZATION ARE PROPERLY REFLECTED ON THE FORM 990. ANY QUESTIONS OR DISCREPANCIES ARE DISCUSSED WITH THE ACCOUNTANT WHO PREPARED THE FORM. THE EXECUTIVE DIRECTOR INFORMS THE BOARD OF DIRECTORS THAT THE FORM 990 HAS BEEN REVIEWED, SIGNED AND FILED WITH THE IRS. IF A DIRECTOR WISHES TO REVIEW THE FORM, IT IS AVAILABLE IN THE ORGANIZATION'S ADMINISTRATIVE OFFICE.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED THROUGH INQUIRIES OF THE BOARD OF DIRECTORS AND STAFF.

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS INITIALLY SET BY A COMP DATA PROCESS. SINCE THE INITIAL PROCESS, COMPENSATION HAS ONLY BEEN ADJUSTED BY AN ORGANIZATION-WIDE COLA.

FORM 990, PART VI, SECTION C, LINE 18: THE FORMS ARE MADE AVAILABLE FOR PUBLIC INSPECTION ON REQUEST. THE ORGANIZATION'S FORM 990 IS ALSO POSTED TO A WEBSITE THAT CONTAINS NUMEROUS OTHER FORM 990 NON-PROFIT TAX RETURNS AND IS AVAILABLE FOR ANYONE IN THE PUBLIC TO VIEW.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

5,564.

Name of the organization	WASHINGTON COUNTY COMMISSION ON AGING, INC./AREA AGENCY ON AGING	Employer identification number 52-0899001
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RESTATEMENT OF ACCOUNTS RECEIVABLE - STATE GRANTS AT JUNE

30, 2010 -47,482.

TOTAL TO FORM 990, PART XI, LINE 5 -41,918.

THE FINANCE COMMITTEE SENDS OUT REQUESTS FOR PROPOSALS AND BASED ON THE
RESPONSES HIRES A CPA TO PERFORM THE AUDIT. WHEN THE AUDIT IS
COMPLETED IT IS PRESENTED TO THE FINANCE COMMITTEE, WHO AFTER ACCEPTING
IT, MAKES IT AVAILABLE TO THE FULL BOARD.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► 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 ☒ **X**
- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization WASHINGTON COUNTY COMMISSION ON AGING, INC.	Employer identification number 52-0899001
	Number, street, and room or suite no. If a P.O. box, see instructions 140 WEST FRANKLIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HAGERSTOWN, MD 21740	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SUSAN J. MACDONALD

- The books are in the care of ► **140 WEST FRANKLIN STREET - HAGERSTOWN, MD 21740**
Telephone No. ► **301-790-0275** FAX No. ► **301-739-4957**
- 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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, 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 **JUL 1, 2010**, and ending **JUN 30, 2011**

- 2 If the tax year entered in line 1 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	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)