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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

2011**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Area Agency on Aging 11, Inc</u> Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite <u>5555 Youngstown-Warren Rd 2nd Floor</u> <u>Suite 2685</u> City or town, state or country, and ZIP + 4 <u>Niles Ohio 44446</u> D Employer identification number <u>34-1194060</u> E Telephone number <u>330-505-2300</u> G Gross receipts \$ H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ <u>www.aaa11.org</u> K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: M State of legal domicile	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Mission Statement-Area Agency on Aging 11 works with people, community, and organizations to plan and prepare for aging through education, advocacy, and implementation.</u>
	2	Check this box <input type="checkbox"/> 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 2011 (Part V, line 2a) 5 94
	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	
Revenue	8	Contributions and grants (Part VIII, line 1h) 30,125,860 30,113,757
	9	Program service revenue (Part VIII, line 2g)
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 32,156 12,710
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 644,457 654,169
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 30,802,473 30,780,636
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3) 25,073,425 25,399,449
	14	Benefits paid to or for members (Part IX, column (A), line 4)
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 4,446,830 4,306,308
	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 11f–11d, 11f–24e) 1,062,861 1,110,459
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 30,583,116 30,816,261
	19	Revenue less expenses. Subtract line 18 from line 12 219,357 -35,625
	Net Assets or Fund Balances	20
21		Total liabilities (Part X, line 26) 2,796,900 2,343,057
22		Net assets or fund balances. Subtract line 21 from line 20 892,828 857,203

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

Type or print name and title

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** (2011)

SCANNED MAR 19 2012

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Part III Statement of Program Service AccomplishmentsCheck 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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 19,715,868 including grants of \$ 15,982,797) (Revenue \$ 19,715,868)
Passport Program

Passport served 2375 seniors/clients. Services included personal care, homemaker, adult day care and other services.

For individuals who meet the medicaid guidelines for Passport. Home care services are offered as an alternative to nursing home care.

4b (Code:) (Expenses \$ 6,139,621 including grants of \$ 5,711,056) (Revenue \$ 6,139,621)
Assisted Living Program

Assisted Living Program served 508 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 \$ 1,630,603 including grants of \$ 1,630,603) (Revenue \$ 1,706,245)
Title III-C programs.

Title III-C programs services provided 329,597

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 1,744,679 including grants of \$ 2,052,201) (Revenue \$ 1,669,037)

4e Total program service expenses ► 29,230,771

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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):	<input type="checkbox"/>	<input type="checkbox"/>
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 94		
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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders? 6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body? 8b	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a		<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy? 13		<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy? 14	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization 15b	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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 trasurer	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) Micheal Halleck board	0	✓						0	0	0
(9) Carol Holmes board	0	✓						0	0	0
(10) P J Macali board	0	✓						0	0	0
(11) Betty Morrison board	0	✓						0	0	0
(12) Jack O'Connel board vice president	0	✓	✓					0	0	0
(13) Micheal Robinson board	0	✓						0	0	0
(14) Dominic Volpone board	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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) Gary Williams board secretary	0	✓	✓					0	0	0
(16) William Binning board	0	✓						0	0	0
(17) Joseph Rossi CEO	40				✓			95,239	0	19,769
(18) Donald Dockry CFO	40				✓			72,382	0	18,588
(19) Anthony Cario COO	40				✓			67,717	0	18,376
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								235,338		56,733
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								235,338		56,733

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 1**

- 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

	Yes	No
3		✓
4		✓
5		✓

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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
n/a		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶	0	

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	30,113,757			
	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		30,113,757			
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)		12,710			
	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)					
	7a	(i) Securities	(ii) Other				
	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					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	home choice		364,260				
b	client liability		255,925				
c	odjfs		18,753				
d	All other revenue		15,231				
e	Total. Add lines 11a-11d		654,169				
12	Total revenue. See instructions.			30,780,636			

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).

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

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 United States. See Part IV, line 21	25,376,657	25,376,657		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	235,338		235,338	
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	2,655,544	2,039,235	616,309	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	143,143	99,596	43,547	
9 Other employee benefits	1,055,739	764,475	291,264	
10 Payroll taxes	216,544	152,779	63,765	
11 Fees for services (non-employees):				
a Management				
b Legal	86,265	57,035	29,230	
c Accounting	19,100	12,016	7,084	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	21,964	18,964	3,000	
13 Office expenses	37,588	27,508	10,080	
14 Information technology				
15 Royalties				
16 Occupancy	158,420	93,804	64,615	
17 Travel	170,588	139,641	30,947	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	50,058	36,344	13,714	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	31,451	20,912	10,539	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a equipment purchases/maintenance	161,126	106,612	54,514	
b membership dues	22,588	14,203	8,385	
c telephone	95,100	71,524	23,576	
d postage	11,081	9,035	2046	
e All other expenses	267,967	190,431	77,536	
25 Total functional expenses. Add lines 1 through 24e	30,816,261	29,230,771	1,585,489	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	1,505,087	2	1,441,794
	3 Pledges and grants receivable, net	2,048,211	3	1,618,846
	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	18,411	9	15,779
	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	118,019	11	123,841
	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)	3,689,728	16	3,200,260	
Liabilities	17 Accounts payable and accrued expenses	387,309	17	282,069
	18 Grants payable	2,409,591	18	2,060,988
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,796,900	26	2,343,057
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	892,828	27	857,203
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	892,828	33	857,203
	34 Total liabilities and net assets/fund balances	3,689,728	34	3,200,260

Part XI Reconciliation of Net AssetsCheck 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	30,780,636
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,816,261
3	Revenue less expenses. Subtract line 2 from line 1	3	-35,625
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	892,828
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	857,203

Part XII Financial Statements and ReportingCheck 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	✓	
2b	✓	
2c	✓	
3a	✓	
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

2011

**Open to Public
Inspection**

Name of the organization

Area Agency on Aging 11

Employer identification number

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 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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Cat. No 11285F

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22,279,873	24,798,625	28,226,298	30,125,860	30,113,757	135,544,413
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	22,279,873	24,798,625	28,226,298	30,125,860	30,113,757	135,544,413
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.						135,544,413

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	22,279,873	24,798,625	28,226,298	30,125,860	30,113,757	135,544,413
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	95,410	-16,879	39,144	32,156	12,710	162,541
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.)	379,233	266,194	260,056	644,457	654,169	2,204,109
11 Total support. Add lines 7 through 10						137,911,063
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.3 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.3 %
16a 33¹/₃% support test—2011. 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	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2010. 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	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2011. 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	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2010. 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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

Name of the organization

Area Agency on Aging 11

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 PO box 1552 Youngstown OH 44501	311508559	na	1,167,481				personal care
(2) Trumbull Mobile Meals 323 East Market Street Warren OH 44483	237137110	501 3 c	175,894				meals
(3) Laurie Ann Home 2200 Milton Blvd Newton Falls OH 44444	341844770	na	128,711				personal care
(4) Mahoning Health Dept 2801 Market Youngstown OH 44507	346001777	na	118,987				adult day care
(5) Catholic Charities 2401 Belmont Ave Youngstown OH 44505	340714330	501 3 c	91,503				senior center
(6) Caregivers Health 1156 West Western Res Youngstown OH 44504	341876184	na	262,243				personal care
(7) Calcutta Health Care 4844 Bell School Rd Calcutta OH 43920	341790552	na	185,445				personal care
(8) Decor Built Construction 1202 Lincoln SW Sherrodsville OH 44675	341635338	na	21,941				medical equipment
(9) Guardian Medical 18000 W Eight Mile Road Southfield MI 48075	383432082	na	9329				emergency response
(10) Palladium Healthcare 325 W 48 Ste 3 Ashtabula OH 44004	271403299	na	156,882				personal care
(11) Ohio Valley Home Health 15679 Rt170 St B East Liverpool OH 43920	340114198	501 3 c	451,082				personal care
(12) Maximum Healthcare 110 West Western Reserve Poland OH 44514	521590951	na	536,921				personal care
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table			30				
3 Enter total number of other organizations listed in the line 1 table			138				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2011)

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

2011

Open to Public
Inspection

Employer identification number

34-1194060

**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

2011

**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) Mikoulis Home Delivery 840 N Market Lisbon OH 44432-0487	030563467	na	159,615	0			personal care
(2) Over the Rainbow 110 Windsor Cortland OH 44410	311500314	na	254,322	0			adult day care
(3) Valley Home Health 755 Boardman Canfield Rd N 1 Boardman OH 44512	731721721	na	367,614	0			personal care
(4) Luebertha Greer 374 Boardman Poland Rd 101 Boardman OH 44512	061777235	na	92,264	0			personal care
(5) Cambridge Home health 405 Embassy PK Akron OH 44333	341816108	na	654,746	0			personal care
(6) Priority Home Healt 3904 North Ridge Rd Perry OH 44480	341594309	na	82,965	0			personal care
(7) Sacred Arms 1 South Main Ste 205 B Columbiana Oh 44408	341955908	na	74,122	0			personal care
(8) Liberty Assembly of God 6779 Belmont Ave Girard OH 44420	341378297	na	947	0			personal care
(9) Sateri Homes 7426 Ron Joy Place Youngstown OH 44512	341243226	na	69,308	0			personal care
(10) ADT Security Systems 32100 US HY 19 N Palm Harbor FL 34664	581814102	na	1,484	0			emergency response
(11) TVC Home Health Care 5130 Young-Poland Rd Youngs OH 44514	743140459	na	156,362	0			personal care
(12) Critical Signal Tech 22600 Hagge Rd Farmington Hills MI 48335	205117627	na	3972	0			emergency response
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		 ▶				
3 Enter total number of other organizations listed in the line 1 table		 ▶				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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OMB No 1545-0047

2011

**Open to Public
Inspection**

Area Agency on Aging 11

Employer identification number

34-1194060

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(1) Rural Metro 5171 Canal Rd Cuyahoga Heights OH 44125	341178398	na	735	0			emergency response
(2) Lighthouse Home Healthcare 1108 Tod Ave Warren OH 44185	386693272	na	82620	0			personal care
(3) Sanctuary Skilled 925 E 26th St Ashtabula OH 44004	260342593	na	193,804	0			personal care
(4) Golden Rule Homecare 223 Churchill Hubbard Rd Yo Oh 44505	300312730	na	349,741	0			personal care
(5) Continuum Home Health 1100 Lake ave Ashtabula OH 44004	341631785	na	34,005	0			personal care
(6) Ash Home Health 3499 Jefferson Rd Ashtabula OH 44005-1428	341143158	501 3c	294,939	0			personal care
(7) Country Neighbor Program 39 South Maple St Orwell OH 44076	341331627	501 3c	225,311	0			personal care
(8) Mothers Caring Touch 6971 Adams Rd Rogers OH 44485	030451435	na	587,060	0			personal care
(9) YWCA 25 West Rayen Ave Youngstown OH 44503	340714732	na	3754	0			personal care
(10) Columbiana Office On Aging 785 E state Street Salem OH 44460	346000745	na	64,645	0			senior center
(11) Accord Home Services 8381 Market St #3 Boardman OH 44512	201078645	na	283,254	0			personal care
(12) Health Care Bridge 24011 Greenwood Beachwood OH 44122	432030126	na	134,937	0			personal care
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Cat. No. 50055P

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

Area Agency on Aging 11

Employer identification number

34-1194060

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(1) Lifeline System 111 Lawrence MS-29 Framingham MA 01702	23306341	na	61,533	0			personal care
(2) Salem VNA 718 East 3rd St Ste A Salem OH 44460	340709901	501 3c	69,765	0			personal care
(3) Scope 220 West Market Street Warren OH 44481	340938370	501 3c	485,691	0			senior center
(4) Joanns Healthcare 250 DeBartlo Pl #1625 Boardman OH 44512	134214077	na	290624	0			personal care
(5) Easter Seals Society 299 Edward St Youngstown OH 44502	346004377	501 3c	127,266	0			adult day care
(6) Caring Hearts Home Care 8182 Plans Rd Mentor OH 44060	341505340	na	4892	0			personal care
(7) Evergreen Healthcare 609 Vienna Ave Niles OH 44446	113702983	na	215,269	0			personal care
(8) Caring Hands 885 S Sawburg Rd Ste 107 Alliance OH 44601	341505340	na	168,073	0			personal care
(9) Miller Rental Sales 623 Meridan Rd Youngstown OH 44509-1229	341041763	na	16,046	0			medical equipment
(10) Youngstown Contracting 3890 Smith Stewar Youngstown OH 44473	340742712	na	98,344	0			home repair
(11) Companion Care HH 11993 Ravennea Rd 2A Chardon OH 44024	753149663	na	108,352	0			personal care
(12) Cornerstone HH 5611 Market # 3 Boardman OH 44512	56240621	na	123,986	0			personal care

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Cat. No. 50055P

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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Department of the Treasury
Internal Revenue Service
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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(1) Seely Medical 104 Parker Dr Andover OH 44003	341220431	na	36,138	0			medical equipment
(2) Signature Health Services 132 Westchester Austintown OH 44515	204002865	na	29,073	0			personal care
(3) Access to Independence 4960 S Prospect St Ravenna OH 44266	341389369	na	9933	0			personal care
(4) Homecare with Heart 821 Kent- Wood Boardman OH 44512	200618346	na	998,902	0			personal care
(5) ADT Security Systems 32100 US High 19 N Palm Harbour FL 34684	341864840	na	671	0			emergency response
(6) Community Caregivers 888 Boar dman Canfield Boardman OH 44512	341864840	na	1,151,642	0			personal care
(7) Heritage Manor 517 Gypsy Lane Youngstown OH 44504	340714442	na	78,257	0			personal care
(8) Antonine Sisters 2675 N Lipkey Rd North Jackson OH 44451	341749370	na	328,611	0			adult day care
(9) Nursing Systematix 822 Young- stown Poland Struthers OH 44471	200029162	na	159,163	0			personal care
(10) Equal Access 604 Youngstown- Poland Struthers OH 44471	341545387	na	157,783	0			personal care
(11) Boardman Medical Supply 300 N State St Girard OH 44420	341360782	na	46,170	0			medical equipment
(12) Help Hotline PO BOX 46 Youngstown OH 44501-0046	341966630	501 3c	47,220	0			personal care
2 . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

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Cat. No. 50055P

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**Grants and Other Assistance to Organizations,
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OMB No 1545-0047

2011

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Inspection**

Area Agency on Aging 11

Name of the organization

Employer identification number

34-1194060

Part I General Information on Grants and Assistance

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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) Callos Nursing Systems 5083 Market Ste 6 Youngstown OH 44512	010591443	na	1,177,130	0			personal care
(2) Central Exterminating 3202 St Clair Ave Cleveland OH 44114	340811703	na	2635	0			pest control
(3) Micheal Libbey 72 Woodview Boardman OH 44512	2758085	na	7817	0			nutrition consultation
(4) Heritage Home Care 1005 Franklin Ave Toronto OH 43964	340714442	na	44,298	0			personal care
(5) Global Meals 2761 East 4th Ave Columbus OH 43219	331423817	na	104,203	0			meals
(6) Redi Med Healthcare 1819 E 51 St Ashtabula OH 44004	341422905	na	20340	0			personal care
(7) Home Care Advantage 718 E 3rd Ste C Salem OH 44460	341758970	501 3c	487850	0			personal care
(8) Home Care Network 755 Boardmanfield Rd Boardman OH 44512	311397386	501 3c	352,541	0			personal care
(9) Valued Relationships 1400 Commerce Franklin OH 45005	311274364	na	190,912	0			personal care
(10) Primary Nursing Care 2921 Youngstown Rd Warren OH 44483	341786196	na	435,738	0			personal care
(11) Duraline Medical 324 Werner St Leipc OH 48556	364057006	na	30,504	0			medical equipment
(12) Moms Meals 718 SE Sharfine Dr Ankeny IA 50021	412096639	na	381,497	0			meals
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
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Cat. No. 50055P

Schedule I (Form 990) (2011)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

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(1) Around the Clock 270 Main St Painesville OH 44077	341598597	na	4890	0			personal care
(2) Home Instead 5665 Mahoning Ave Austintown OH 44515	341957841	na	88,977	0			personal care
(3) Info Line 703 South Main #211 Akron OH 44311	341170391	na	938	0			personal care
(4) Intrepid 1170 East Broad Suite 101 Elyria OH 44035	341479650	na	80,186	0			personal care
(5) Med Transportation 3437 McCart ney Rd Youngstown OH 44505	7432250524	na	1230	0			personal care
(6) Senior Independence 1110 5th Ave Youngstown OH 44504	344429863	501 3c	242,138	0			personal care
(7) Western Reserve 12550 Chillico th Rd Chesterland OH 44026	043696982	na	27,997	0			meals
(8) Medscope America 259 E Lanca ster Ave #101 Wynnewood PA 19096	232991908	na	290	0			personal care
(9) Woodrow Contrution 6015 Butter milk Rd Blue Rock OH 43720	289788717	na	11,775	0			repair
(10) Kencare Ed 496 Glenwood Ste 220 Youngstown OH 44502	113785252	na	29,691	0			personal care
(11) Life Access 1541 E Turkeyfoot Lake Rd Akron OH 43123	205665163	na	3530	0			personal care
(12) Simply EZ Meals 1130 A Damar Akron OH 44305	261666185	na	50,191	0			meals

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Schedule I (Form 990) (2011)

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
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Department of the Treasury
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(1) Coleman Pro Services 552 N Park Ave Warren OH 44481	341240178	na	3313	0			personal care
(2) Home Care Delivered 4144 Innslake Dr Glen Allen VA 23060	541818883	na	10	0			personal care
(3) Ashtabula CAA 2009 W Prospect Ashtabula OH 44004	341059824	501 3c	505,989	0			meals
(4) Trumbull Elderly Affairs 2959 Yongsto Road SE Warren OH 44484	346002841	na	598,197	0			meals
(5) Celtic Healthcare 3550 Belmont Ave Suite 7 Youngstown OH 44505	371565554	na	1,475,850	0			meals
(6) CAA of Columbiana Cty 7880 Lincole Pl Lisbon OH 44432	346565185	501 3c	463,890	0			meals
(7) Ashtabula Council Aging 4632 Main Ave Ashtabula OH 44004	237263183	501 3c	32,899	0			senior center
(8) Ashtabula Cty Trans 25 West Jefferson St Jefferson OH 44047	341095126	na	30,537	0			transportation
(9) Village of Jefferson 27 East Jefferson Jefferson OH 44047	34001508	na	7381	0			personal care
(10) Associated Neighborhoods 1649 Jacobs Rd Youngstown OH 44505	340714812	501 3c	18,548	0			personal care
(11) Visiting Caregivers 518 East Indiola Ave Youngstown OH 44502	340714780	501 3c	17,070	0			health assessment
(12) MYCAP 101 Federal Plaza Ste 200 Youngstown OH 44503	340969202	501 3c	15,504	0			personal care

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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(1) Village of Lowellville 140 E Liber St Lowellville OH 44436	346001729	na	11,207	0			transportation
(2) City of Campbell 351 Tenny Ave Campbell OH 44405	346000493	na	10,404	0			transportation
(3) Compass Family Ser Agency 535 Marmion Ave Youngstown OH 44502	340713662	501 3c	20,951	0			protective services
(4) City of Girard 100 West Main St Girard OH 44420	346001227	na	8517	0			transportation
(5) Guardianship Protective Service 197 W Market St Warren OH 44481	20215144	501 3c	28,705	0			protective services
(6) Area Agency on Aging 11 5555 Yo-Warren Rd Niles OH 44446	341194060	501 3c	138,107	0			ombudsman
(7) Ashtabula City Legal Aid 121 E Walnut Jefferson OH 44047	340866026	501 3c	14,967	0			legal services
(8) Community Legal Aid 50 S Main St Suite 8th Fl Akron OH 44308	340753560	501 3c	43,350	0			legal services
(9) Hands on Volunteer 5500 Market Youngstown OH 44512	341593908	501 3c	3894	0			volunteer
(10) Family Community Services PO BOX 413 Lisbon OH 44432	341902451	501 3c	7788	0			volunteer
(11) Community Commons 1340 Mahoning Ave NW Warren OH 44483	340899610	na	129,463	0			assisted living
(12) Lisbon Nursing Care Center 100 Vista Dr Lisbon OH 44432	200322973	na	155,857	0			assisted living

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(1) Sanctuary of Geneva 200 Commerce Place Geneva OH 44041	341971153	na	51,810	0			assisted living
(2) EDL Briarfield Manor 461 S Canfield Niles Austintown OH 44515	200415	na	93,670	0			assisted living
(3) Villa at the lake 48 Parish Rd Conneaut OH 44030	312621969	na	453,653	0			assisted living
(4) Briarfield at the Ridge 3389 Main St Minerla Ridge OH 44440	204202829	na	178,531	0			assisted living
(5) Park Vista 1216 Fifth Ave Youngstown OH	344429863	na	165,302	0			assisted living
(6) Inn at Christine Valley 3150 S Schenely Youngstown OH 44511	341893248	na	85,731	0			assisted living
(7) Sateri Home 830 Boardman Canfield Youngstown OH 44512	341243226	na	190,456	0			assisted living
(8) Manor at Autumn Hills 2567 Nile Rd Niles OH 44446	311504242	na	83,761	0			assisted living
(9) Terreforme Enterprises 596 Champion Ave W Warren OH 44483	341820874	na	284,108	0			assisted living
(10) Crossroad at BeaverCreek 13280 Echo Dell Rd E Liverpool OH 43920	20150947	na	311,262	0			assisted living
(11) Marian Living center 9800 Market St North Lima OH 44452	341013695	na	116,006	0			assisted living
(12) Humility House 755 Ohltown Rd Austintown OH 44515	341894783	na	85,362	0			assisted living

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2011)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2011

Open to Public
Inspection

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) Allen Dell Assisted Living 2200 Milton Newton Falls OH 44444	341470851	na	236,449	0			assisted living
(2) Victoria House 6295 Askey Circ Austintown OH 44514	571206749	na	61,933	0			assisted living
(3) Liberty Arms 1353 Churchill Hubbard Rd Youngstown OH 44506	341571472	na	256,805	0			assisted living
(4) Grace Woods center 730 Youngstown-Warren Rd Niles OH 44436	201824940	na	517,893	0			assisted living
(5) Grace Woods Salem 1166 Benton Rd Salem OH 44460	201824940	na	217,834	0			assisted living
(6) Country Club Retirement Center 925 E 26th Ashtabula OH 44004	341424223	na	574,045	0			assisted living
(7) YAJF Levy Gardens 517 Gypsy Lane Youngstown OH 44504	340714442	na	97,389	0			assisted living
(8) Omni West 3259 Vestal Rd Youngstown OH 44509	341571472	na	763,478	0			assisted living
(9) Copeland Oaks 8005 15th st Sebring OH 44672	340941565	na	118,995	0			assisted living
(10) Brooksdale Senior Living 330 N Washbush #1400 Chicago IL 60611	391771281	na	93,873	0			assisted living
(11) Orion Austinburg 2026 State Rt 46 Austinburg OH 44010	260240140	na	112,254	0			assisted living
(12) Cleveland Alz Assoc 12200 Fairhill Cleveland OH 44120	341311175	501 3c	9147	0			alzheimer's
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table <input type="checkbox"/>							
3 Enter total number of other organizations listed in the line 1 table <input type="checkbox"/>							

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Cat. No. 50055P

Schedule I (Form 990) (2011)

**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

2011

**Open to Public
Inspection**

Area Agency on Aging 11

Name of the organization

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) Meridian Arms 650 S meridian Youngstown OH 44509	582337900	na	275,720	0			assisted living
(2) Cleveland Alz Assoc 12200 Fairhill Cleveland OH 44120	341311175	501 3c	3640	0			alzheimer's
(3) Youngstown Alz Assoc 3736 Board-Canfield Rd canfield OH 4440	341454446	501 3c	40,393	0			alzheimer's
(4) Interfaith Home Maint 1005 West Rayen Ave Youngstown OH 44502	341219024	501 3c	96,500	0			home repair
(5) City of Newton Falls 19 N Canal St Girard OH 44420	346002022	na	6084	0			transportation
(6) Girard Multi Generational 443 Trumbull Ave Girard OH 44420	341937126	501 3c	15,057	0			senior center
(7)		na		0			assisted living
(8)		na		0			assisted living
(9)		na		0			assisted living
(10)		na		0			assisted living
(11)		na		0			assisted living
(12)		na		0			assisted living

2 , Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2011)

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

2011

**Open to Public
Inspection**

Name of the organization

Area Agency on Aging 11

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- Providing
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.