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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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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

C Name of organization
AGEOPTIONS INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1048 LAKE STREET NO 300

City or town, state or country, and ZIP + 4
OAK PARK, IL 60301

D Employer identification number
36-2806193

E Telephone number
(708) 383-0258

G Gross receipts $ 15,979,984

F Name and address of principal officer
JONATHAN LAVIN
1048 LAKE STREET NO 300
OAK PARK,IL 60301

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 AGEOPTIONS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1974 | **M** State of legal domicile IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDES COMPREHENSIVE SERVICES, LEADERSHIP AND ADVOCACY TO OLDER ADULTS AND THEIR CAREGIVERS

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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	128
6	Total number of volunteers (estimate if necessary)	**6**	84
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	15,623,668	15,553,496
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,159	45,148
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	63,979	64,702
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,688,806	15,663,346
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,601,904	12,238,225
	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)	2,657,352	2,423,613
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	912,192	1,171,526
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,171,448	15,833,364
	19 Revenue less expenses Subtract line 18 from line 12	-482,642	-170,018
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	4,029,042	5,816,687
	21 Total liabilities (Part X, line 26)	2,653,926	4,590,366
	22 Net assets or fund balances Subtract line 21 from line 20	1,375,116	1,226,321

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

****** | 2013-05-28
Signature of officer | Date

DIANE SLEZAK PRESIDENT & CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
ANDREW T TWARDOWSKI CPA		☐	P00377357

Firm's name (or yours if self-employed), address, and ZIP + 4
SIKICH LLP
1415 W DIEHL RD SUITE 400
NAPERVILLE, IL 605632349

EIN ▶ 36-3168081

Phone no ▶ (630) 566-8400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AGEOPTIONS IS COMMITTED TO IMPROVING THE QUALITY OF LIFE AND MAINTAINS THE DIGNITY OF OLDER PERSONS AND THOSE WHO CARE ABOUT THEM THROUGH LEADERSHIP AND SUPPORT, COMMUNITY PARTNERSHIPS, COMPREHENSIVE SERVICES, ACCURATE INFORMATION AND POWERFUL ADVOCACY

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 $ 7,955,545 including grants of $ 7,095,748) (Revenue $)

AGEOPTIONS IS COMMITTED TO IMPROVING THE QUALITY OF LIFE AND MAINTAINING THE DIGNITY OF OLDER PERSONS AND THOSE WHO CARE ABOUT THEM AGEOPTIONS IS A NOT-FOR-PROFIT CORPORATION DESIGNATED BY THE ILLINOIS DEPARTMENT ON AGING AS THE AREA AGENCY ON AGING FOR SUBURBAN COOK COUNTY AS A CATALYST FOR CONNECTING OLDER PERSONS AND CAREGIVERS TO RESOURCES AND SERVICE OPTIONS, WE ARE NATIONALLY RECOGNIZED FOR OUR INNOVATIVE PROGRAMMING, NETWORKING WITH COMMUNITY BASED SENIOR SERVICE AGENCIES, AND ADVOCACY EFFORTS ON BEHALF OF OLDER PERSONS OVER THE PAST 39 YEARS, AGEOPTIONS HAS ESTABLISHED A REPUTATION FOR MEETING THE NEEDS, WANTS AND EXPECTATIONS OF THE SENIOR POPULATION IN SUBURBAN COOK COUNTY OUR PURPOSE IS TO CONNECT ADULTS, AGED 60 AND OVER, WITH RESOURCES AND OPTIONS FOR CARE SO THAT THEY CAN HAVE A FULL RANGE OF CHOICES AND LIVE THEIR LIVES TO THE FULLEST OUR ROLE IS TO PLAN, FUND, COORDINATE AND ADVOCATE FOR THIS SPECIAL GROUP AND THEIR FAMILY CAREGIVERS WE PRIDE OURSELVES IN ADVOCATING FOR SENIORS IN THE AREAS SUCH AS ELDER JUSTICE, CAREGIVING, NUTRITION, MEDICARE, EMPLOYMENT AND ACCESS TO BENEFITS OUR PRIMARY SERVICE AREA, SUBURBAN COOK COUNTY, INCLUDES 130 COMMUNITIES WITHIN 30 TOWNSHIPS SURROUNDING CHICAGO - HOME TO MORE THAN 2 5 MILLION RESIDENTS AND 481,000 OLDER ADULTS THE OLDER AMERICANS ACT TITLE III SOCIAL, NUTRITION, CAREGIVER, AND HEALTH PROMOTION/DISEASE PREVENTION SERVICES ARE CORE SERVICES PROVIDED IN ALL 30 TOWNSHIPS OF SUBURBAN COOK COUNTY IN FY 2012, 234,231 OLDER ADULTS AND CAREGIVERS WERE SERVED THROUGH THE WIDE RANGE OF TITLE III AND OTHER RELATED PROGRAMS INCLUDING HOME DELIVERED AND CONGREGATE DINING, NURSING HOME OMBUDSMAN, LEGAL SERVICE, AND THE OTHER SOCIAL SERVICES

4b (Code) (Expenses $ 1,492,839 including grants of $ 1,492,839) (Revenue $)

AGEOPTIONS CONTRACTS WITH TEN (10) ELDER ABUSE PROVIDER AGENCIES IN SUBURBAN COOK COUNTY THAT INVESTIGATE AND INTERVENE IN CASES OF POSSIBLE ELDER ABUSE IN ILLINOIS THE ELDER ABUSE AND NEGLECT PROGRAM IS BASED ON AN ADVOCACY MODEL AND IS A VICTIM GUIDED PROCESS THAT RESPECTS A VICTIMS RIGHT TO SELF-DETERMINATION AGEOPTIONS MONITORS THE LOCAL AGENCIES ANNUALLY TO ENSURE COMPLIANCE WITH THE ILLINOIS DEPARTMENT ON AGING POLICIES AND PROCEDURES AGEOPTIONS PROVIDES TECHNICAL ASSISTANCE TO ELDER ABUSE SUPERVISORS AND CASE WORKERS, AND CONDUCTS REGULAR OUTREACH TO PROFESSIONALS AND THE PUBLIC ON ISSUES RELATED TO ELDER ABUSE, NEGLECT AND EXPLOITATION IN STATE FISCAL YEAR 2012, THERE WERE 1,875 CASES IN SUBURBAN COOK COUNTY ALONE IT IS ESTIMATED THAT FOR EVERY REPORT OF ELDER ABUSE THERE ARE TEN MORE THAT GO UNREPORTED FINANCIAL EXPLOITATION IS THE MOST REPORTED FORM OF ABUSE AND ACCOUNTS FOR OVER 50% OF ALL CASES

4c (Code) (Expenses $ 352,565 including grants of $) (Revenue $)

AGEOPTIONS, THE AREA AGENCY ON AGING OF SUBURBAN COOK COUNTY, ADMINISTERS THE TITLE V SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) SCSEP HELPS PEOPLE WHO ARE AGE 55 OR OLDER WITH LIMITED FINANCIAL RESOURCES BY PROVIDING ON-THE-JOB TRAINING ASSIGNMENTS AGEOPTIONS HAS A GRANT FROM THE ILLINOIS DEPARTMENT ON AGING TO FUND TRAINING ASSIGNMENTS AT LOCAL COMMUNITY SERVICE AGENCIES FOR UP TO 20 HOURS PER WEEK AT A RATE OF PAY OF $8 25 PER HOUR ALL OF OUR PARTICIPANTS ARE LOOKING FOR MORE PERMANENT EMPLOYMENT USING THE SKILLS THEY LEARNED IN THE PROGRAM HOST AGENCIES CAN DEVELOP AND TRAIN INDIVIDUALS IN A VARIETY OF AREAS INCLUDING CLERICAL, FOOD SERVICE, AND MAINTENANCE AND CUSTODIAL IN FY2012 TITLE V PARTICIPANTS COMPLETED 37,857 HOURS OF PAID TRAINING AT COMMUNITY ORGANIZATIONS, 79% OF SCSEP PARTICIPANTS HAVE FAMILY INCOME AT OR BELOW THE FEDERAL POVERTY GUIDELINE AND 75% OF SCSEP PARTICIPANTS WERE FEMALE

(Code) (Expenses $ 3,876,547 including grants of $ 3,649,638) (Revenue $)

STATE/GRF - GENERAL REVENUE FUNDS FOR THE PURPOSE OF ABUSE INTERVENTION, TRANSPORTATION, OUT-REACH AND HOME DELIVERED MEALS

4d Other program services (Describe in Schedule O)

(Expenses $ 3,876,547 including grants of $ 3,649,638) (Revenue $)

4e **Total program service expenses** ▶ $ 13,677,496

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	9		
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**	Yes	
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**	128			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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**		No
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 or securities account)?			**4a**		No
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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
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**		No
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**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
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 lines 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	18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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		No
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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 ▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DIANE SLEZAK
1048 LAKE ST SUITE 300
OAK PARK, IL 603011055
(708) 383-0258

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, and **current** key employees 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, or 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 organizations compensated any current or former 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) BLAHA ARLENE DIRECTOR	2 00	X						0	0	0
(2) BOUSKY TRACY DIRECTOR	2 00	X						0	0	0
(3) BROOKS ROBERT DIRECTOR	2 00	X						0	0	0
(4) COONDA MARY E DIRECTOR	2 00	X						0	0	0
(5) GAGLIARDO JOSEPH DIRECTOR	2 00	X						0	0	0
(6) GLEASON CATHY DIRECTOR	2 00	X						0	0	0
(7) GORDON MURRAY DIRECTOR	2 00	X						0	0	0
(8) HOWE-HRACH KATHLEEN DIRECTOR	2 00	X						0	0	0
(9) JORDAN LEWIS A DIRECTOR	2 00	X						0	0	0
(10) KARUTZ FREDERICK DIRECTOR	2 00	X						0	0	0
(11) MILLAN CARMENZA DIRECTOR	2 00	X						0	0	0
(12) MOORE DONNA DIRECTOR	2 00	X						0	0	0
(13) PEACHEY KIRSTEN DIRECTOR	2 00	X						0	0	0
(14) PERRY ANTHONY DIRECTOR	2 00	X						0	0	0
(15) ROZYCKI CARLA DIRECTOR	2 00	X						0	0	0
(16) SIEGEL LINDA CHAIRPERSON	4 00	X						0	0	0
(17) WELLS ELIZABETH DIRECTOR	2 00	X						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			
(18) WINICK BRAD DIRECTOR	2 00	X						0	0	0
(19) CHENG SUSAN DIRECTOR	2 00	X						0	0	0
(20) LAVIN JONATHAN PRESIDENT & CHIEF EXEC	35 00			X				167,707	0	0
(21) SLEZAK DIANE VICE PRES & CHIEF OPER	35 00			X				141,090	0	0
(22) BAUER KIMBERLY DIR OF PLANNING & GRANTS	35 00					X		121,375	0	0
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								430,172	0	0

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 ▶ 3

			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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

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
QUATRRO FPO SOLUTIONS 8401 102ND STREET SUITE 500 PLEASANT PRAIRIE, WI 53158	FINANCIAL SERVICES	300,000

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 ▶ 1

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 10,653				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 15,166,734				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 376,109				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	15,553,496			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	7,432			7,432
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 300,622				
	b	Less cost or other basis and sales expenses: 262,822 / 84				
	c	Gain or (loss): 37,800 / -84				
	d	Net gain or (loss) . . . . . ▶	37,716			37,716
	8a	Gross income from fundraising events (not including $ 10,653 of contributions reported on line 1c) See Part IV, line 18 . . . a 105,538				
	b	Less direct expenses . . . b 53,732				
	c	Net income or (loss) from fundraising events . . ▶	51,806			51,806
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	OTHER INCOME 900099	12,896			12,896
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	12,896			
	12	**Total revenue.** See Instructions . . . ▶	15,663,346	0	0	109,850

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	12,238,225	12,238,225		
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	504,289	504,289		
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	1,518,630	339,273	1,179,357	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	89,753	25,895	63,858	
9	Other employee benefits	159,453	31,007	128,446	
10	Payroll taxes	151,488	64,180	87,308	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	296,701	49,526	247,175	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	45,419	5,397	40,022	
12	Advertising and promotion	71,874	1,328	70,546	
13	Office expenses	34,964	6,257	28,707	
14	Information technology	27,051	10,804	16,247	
15	Royalties . .				
16	Occupancy	191,782	41,065	150,717	
17	Travel	49,987	15,343	34,644	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,921	9,215	35,706	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,168		25,168	
23	Insurance	12,080	6,916	5,164	
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	PROJECT COSTS	286,373	286,373		
b	MISCELLANEOUS	32,595	29,966	2,629	
c	DUES	14,147	2,760	11,387	
d	EQUIPMENT MAINTENANCE	11,246	1,023	10,223	
e					
f	All other expenses	27,218	8,654	18,564	
25	**Total functional expenses.** Add lines 1 through 24f	15,833,364	13,677,496	2,155,868	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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		400	1	400
	2	Savings and temporary cash investments		1,800,218	2	2,738,449
	3	Pledges and grants receivable, net		1,250,428	3	1,752,690
	4	Accounts receivable, net		492,270	4	787,782
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		56,940	9	63,140
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 435,483			
	b	Less accumulated depreciation	10b 386,914	68,855	10c	48,569
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		359,931	12	425,657
	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)		4,029,042	16	5,816,687
Liabilities	17	Accounts payable and accrued expenses		2,011,548	17	2,363,452
	18	Grants payable			18	
	19	Deferred revenue			19	69,349
	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		642,378	25	2,157,565
	26	**Total liabilities.** Add lines 17 through 25		2,653,926	26	4,590,366
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		1,142,177	27	1,055,791
	28	Temporarily restricted net assets		232,939	28	170,530
	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		1,375,116	33	1,226,321
	34	Total liabilities and net assets/fund balances		4,029,042	34	5,816,687

Part XI Reconcilliation 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	15,663,346
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,833,364
3	Revenue less expenses Subtract line 2 from line 1	3	-170,018
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,375,116
5	Other changes in net assets or fund balances (explain in Schedule O)	5	21,223
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	1,226,321

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

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
AGEOPTIONS INC

Employer identification number
36-2806193

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 **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?

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

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

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

Part II **Support Schedule for Organizations Described in IRC 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 ")	15,554,335	15,688,994	15,697,262	15,623,668	15,553,496	78,117,755
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	15,554,335	15,688,994	15,697,262	15,623,668	15,553,496	78,117,755
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						78,117,755

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	15,554,335	15,688,994	15,697,262	15,623,668	15,553,496	78,117,755
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,631	14,463	7,261	9,499	7,432	82,286
9 Net income from unrelated business activities, whether or not the business is regularly carried on		20,623	42,422	42,661	51,806	157,512
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	3,694	1,100	12,210	21,318	12,896	51,218
11 **Total support** (Add lines 7 through 10)						78,408,771

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 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	99 630 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	99 550 %

16a **33 1/3% 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 ☑

b **33 1/3% support test—2010.** If the organization did not check the 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—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

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

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

Part III **Support Schedule for Organizations Described in IRC 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 501(c)(3) organization, check this box and **stop here** ▶☐

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 ▶☐

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 ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
AGEOPTIONS INC	36-2806193

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	LOBBYING ACTIVITIES INCLUDE MEETING WITH LEGISLATORS CONCERNING ISSUES THAT AFFECT FUNDING AND ADVOCACY FOR OLDER AMERICANS AT THE STATE AND FEDERAL LEVELS

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AGEOPTIONS INC

Employer identification number
36-2806193

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 may 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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, 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, 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 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 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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 Investment earnings or 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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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 property	(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		435,483	386,914	48,569
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				48,569

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) MUTUAL FUNDS	425,657	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	425,657	

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
Total. *(Column (b) should 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
Total. *(Column (b) should 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
Federal Income Taxes	
FEDERAL INTEREST PAYABLE	837
OTHER LIABILITIES	486,732
OFFSET TO CASH	1,563,025
ACCRUED VACATION	106,971
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,157,565

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,663,346
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,833,364
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-170,018
4	Net unrealized gains (losses) on investments	4	21,223
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	21,223
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-148,795

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	15,741,039
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	21,223		
b	Donated services and use of facilities	2b	2,738		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	53,732		
e	Add lines **2a** through **2d**			2e	77,693
3	Subtract line **2e** from line **1**			3	15,663,346
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 should equal Form 990, Part I, line 12)			5	15,663,346

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

1	Total expenses and losses per audited financial statements			1	15,889,834
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	2,738		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	53,732		
e	Add lines **2a** through **2d**			2e	56,470
3	Subtract line **2e** from line **1**			3	15,833,364
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 should equal Form 990, Part I, line 18)			5	15,833,364

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE AGENCY FOLLOWS THE AUTHORITATIVE GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET THIS GUIDANCE ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION THE AGENCY CONDUCTS BUSINESS SOLELY IN THE U S AND, AS A RESULT, FILES INFORMATIONAL TAX RETURNS FOR U S AND ILLINOIS IN THE NORMAL COURSE OF BUSINESS, THE AGENCY IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES THE AGENCY'S TAX RETURNS FOR YEARS SUBSEQUENT TO FISCAL YEAR 2008 ARE OPEN, BY STATUTE, FOR REVIEW BY AUTHORITIES HOWEVER, AT PRESENT, THERE ARE NO ONGOING INCOME TAX AUDITS OR UNRESOLVED DISPUTES WITH THE VARIOUS TAX AUTHORITIES THAT THE AGENCY CURRENTLY FILES OR HAS FILED WITH
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO SPECIAL EVENT 53,732
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO SPECIAL EVENT 53,732

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AGEOPTIONS INC

Employer identification number
36-2806193

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

Revenue / Direct Expenses		(a) Event #1 CELEBRATING AGING (event type)	(b) Event #2 ANNUAL LUNCHEON (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	110,631	5,560		116,191
	2 Less Charitable contributions	5,093	5,560		10,653
	3 Gross income (line 1 minus line 2)	105,538			105,538
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	34,269	3,632		37,901
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,227	2,604		15,831
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(53,732)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				51,806

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493150002213

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
AGEOPTIONS INC

Employer identification number
36-2806193

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

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 . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 POLICY TO ENSURE THAT AGEOPTIONS IS IN COMPLIANCE WITH FEDERAL AND STATE REGULATIONS, AND THAT GRANT FUNDS ARE EXPENDED APPROPRIATELY AND ECONOMICALLY IN COMPLIANCE WITH AGEOPTIONS GRANT REQUIREMENTS AND SERVICE PROVIDER BUDGETS, AGEOPTIONS WILL PERFORM ONSITE PROGRAM, AND IN SOME CASES FISCAL, MONITORING OF ALL FUNDED AGENCIES AT LEAST ONCE EVERY THREE YEARS REVIEW TOOLS WILL BE DEVELOPED AND REVISED BY AGEOPTIONS STAFF FOR EACH PROGRAM TO BE MONITORED PROGRAM PERFORMANCE MONITORING AGEOPTIONS WILL MONITOR SERVICE PROVIDERS TO DETERMINE THAT THEY ARE OPERATING EFFECTIVELY AND ACCORDING TO APPLICABLE PROGRAM PERFORMANCE STANDARDS ASPECTS OF PROGRAM PERFORMANCE THAT MAY BE MONITORED INCLUDE 1 PERFORMANCE OF THE SERVICE AND ACTIVITIES SPECIFIED IN THE APPROVED PROJECT APPLICATION OR AREA PLAN, 2 CONFORMANCE WITH THE STAFFING AND RELATED SERVICE PROVIDER CAPABILITY CONDITIONS OF THE AWARD, 3 CONFORMANCE WITH ALL CIVIL RIGHTS, EQUAL EMPLOYMENT OPPORTUNITY, AND MINORITY CONTRACTOR REQUIREMENTS, FEDERAL AND STATE REGULATIONS, AND 4 OTHER PERFORMANCE ASPECTS, AS APPROPRIATE FISCAL MONITORING AGEOPTIONS WILL MONITOR SERVICE PROVIDERS TO DETERMINE THAT EACH ESTABLISHES AND OPERATES ITS FISCAL SYSTEM ACCORDING TO THE CONDITIONS OF THE AWARD DOCUMENT AND TO ENSURE THAT FUNDS ARE REQUESTED AND EXPENDED ACCORDING TO SERVICE PROVIDER NEEDS AND ELIGIBLE COSTS SPECIFIC ASPECTS OF FISCAL OPERATIONS THAT MAY BE MONITORED INCLUDE 1 ADEQUACY OF THE FISCAL SYSTEM AND PROCEDURES USED BY THE SERVICE PROVIDER, 2 ADEQUACY OF FISCAL REPORTING INFORMATION 3 SERVICE PROVIDER UNDERSTANDING OF FISCAL REQUIREMENTS AND CAPABILITY TO PERFORM, 4 PROPER USE OF GRANT FUNDS, AS PROSCRIBED BY THE AWARD DOCUMENT AND FEDERAL, STATE AND AREA AGENCY REQUIREMENTS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 36-2806193
Name: AGEOPTIONS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AAA FOR LINCOLNWOOD3100 MONTVALE DRIVE SPRINGFIELD,IL 62704	37-0981610	501C3	7,000				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH
AAA OF SOUTHWESTERN ILLINOIS2365 COUNTRY ROAD BELLEVILLE,IL 62221	37-0986597	501C3	40,655				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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AGING CARE CONNECTIONS111 WEST HARIS AVE LA GRANGE,IL 60526	36-2721289	501C3	537,277				SOCIAL, NUTRITION, HEALTH ASSISTANCE AND PROMOTION, ELDER ABUSE INTERVENTION, CAREGIVER SERVICES FOR THE ELDERLY, ACCESS TO PUBLIC SUPPORT PROGRAMS FOR ELDERLY AND PEOPLE WITH DISABILITIES, AND ASSISTANCE FOR FILLING OUT PHARMACEUTICAL ASSISTANCE PROGRAMS
ALIVIO MEDICAL CENTER966 WEST 21ST STREET CHICAGO,IL 60608	36-3661051	501C3	6,900				SHAP, SMP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ARAB AMERICAN FAMILY SERVICES 9044 S OCTAVIA BURBANK,IL 60455	60-0002593	501C3	35,713				NUTRITION AND SOCIAL SERVICES FOR MINORITY ELDERLY AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS
BETHEL AFRICAN METHODIST3355 WEST 139TH ST ROBBINS,IL 60472	36-1495255	501C3	8,470				SUPPORT SERVICES FOR UNPAID CAREGIVERS OF OLDER ADULTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BLOOM TOWNSHIP SENIOR CITIZENS SERVICE425 S HALSTED STREET CHICAGO HEIGHTS,IL 60411	36-6009584	501C1	57,809				SOCIAL SERVICES FOR THE ELDERLY, MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
CALUMET TOWNSHIP12633 S ASHLAND CALUMET PARK, IL 60827	36-6006229	501C1	105,972				NUTRITION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CATHOLIC CHARITIES - LUNCH AND MORE 721 N LASALLE SUITE 758 CHICAGO,IL 60654	36-2170821	501C3	689,354				NUTRITION SERVICES FOR ELDERLY
CATHOLIC CHARITIES - NORTH671 S LEWIS AVENUE WAUKEGAN,IL 60085	36-2170821	501C3	37,113				NUTRITION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CATHOLIC CHARITIES - SOUTH SUBURBAN SENIOR SERVICES15300 SOUTH LEXINGTON HARVEY,IL 60426	36-2170821	501C3	951,878				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
CATHOLIC CHARITIES OF LAKE COUNTY 671 S LEWIS AVENUE WAUKEGAN,IL 60085	36-2170821	501C3	9,378				MEDICARE FRAUD PATROL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CATHOLIC CHARITIES-ARL HGHTS1801 W CENTRAL RD ARLINGTON HEIGHTS,IL 60005	36-2170821	501C3	31,067				NUTRITION SERVICES FOR ELDERLY
CATHOLIC CHARITIES-BREMEN15300 SOUTH LEXINGTON HARVEY,IL 60426	36-2170821	501C3	318,072				NUTRITION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CATHOLIC CHARITIES-NW 1801 W CENTRAL RD ARLINGTON HEIGHTS,IL 60005	36-2170821	501C3	507,773				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS, AND ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH
CENTRAL IL AAA 700 HAMILTON BOULEVARD PEORIA,IL 61603	37-0983168	501C3	8,628				MEDICARE FRAUD PATROL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CHGO DEPT OF FAMILY & SUPPORT30 N LASALLE SUITE 2320 CHICAGO,IL 60602	36-6005820	501C1	32,238				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION
COALITION OF LIMITED ENGLISH SPEAKING ELDERLY53 W JACKSON BLVD SUITE 1301 CHICAGO,IL 60604	36-3643461	501C3	14,550				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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COMMUNITY NUTRITION NETWORK208 SOUTH LASALLE ST SUITE 1900 CHICAGO,IL 606041001	36-4394010	501C3	1,637,619				NUTRITION SERVICES FOR ELDERLY
COUNCIL FOR JEWISH ELDERLY 3003 W TOUHY AVENUE CHICAGO,IL 60645	36-2727597	501C3	358,204				SOCIAL AND NUTRTION SERVICES FOR THE ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
COVENANT UNITED 1130 EAST 154TH STREET SOUTH HOLLAND,IL 60473	36-4197953	501C3	8,297				SUPPORT SERVICES FOR UNPAID CAREGIVERS OF OLDER ADULTS
EAST CENTRAL IL AAA1003 MAPLE HILL ROAD BLOOMINGTON,IL 61704	37-0982325	501C3	12,056				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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EGYPTIAN AREA AGENCY ON AGING 200 E PLAZA DR CARTERVILLE,IL 62918	37-1053330	501C3	9,331				MEDICARE FRAUD PATROL
EVANSTON COMMISSION ON AGING2100 RIDGE AVENUE EVANSTON,IL 60201	36-6005870	501C1	71,359				OMBUDSMAN SERVICES FOR THE ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAMILY SERVICE RSVP48 E MAIN STREET CHAMPAIGN,IL 61820	37-0663559	501C3	6,000				MEDICARE FRAUD PATROL
FORD HEIGHTS COMMUNITY SERVICE943 E LINCOLN HIGHWAY FORD HEIGHTS,IL 60411	36-2658308	501C3	38,521				NUTRITION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FRISBIE SENIOR CENTER515 E THACKER ST DES PLAINES,IL 60016	36-2884456	501C3	42,176				NUTRITION SERVICES FOR ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS
HANOVER TOWNSHIP240 SOUTH ILLINOIS ROUTE 59 BARTLETT,IL 60103	36-2750477	501C3	25,376				SOCIAL SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HANUL FAMILY ALLIANCE1166 S ELMHURST ROAD MOUNT PROSPECT,IL 60056	36-3519498	501C3	127,436				SOCIAL SERVICES FOR MINORITY ELDERLY
HEALTH & DISABILITY ADVOCATES205 W MONROE SUITE 200 CHICAGO,IL 60606	36-4042562	501C3	50,000				MAKE MEDICARE WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HEALTH & MEDICINE POLICY RESEARCH29 E MADISON SUITE 602 CHICAGO,IL 606024404	36-3143826	501C3	9,845				MAKE MEDICARE WORK
ILLINOIS ATTORNEY GENERAL100 WEST RANDOLPH STREET CHICAGO,IL 60601	37-1263861	501C1	4,000				MEDICARE FRAUD PATROL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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ILLINOIS PUBLIC HEALTH ASSOCIATION223 SOUTH THIRD STREET SPRINGFIELD,IL 627011144	36-6108790	501C3	10,100				COMMUNITIES PUTTING PREVENTION TO WORK
INTERFAITH HOUSING CENTER OF THE NORTHERN SUBURBS-OPEN COMMUNITIES614 LINCOLN AVE FIRST FLOOR WINNETKA,IL 60093	36-2934709	501C3	30,454				SOCIAL SERVICES FOR THE ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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KENNETH W YOUNG CENTERS 1001 ROHLWING RD ELK GROVE VILLAGE,IL 60007	23-7181444	501C3	456,376				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
KIZER MEMORIAL COGIC15001 PAULINA AVENUE HARVEY,IL 60426	36-3812587	501C3	9,000				SUPPORT SERVICES FOR UNPAID CAREGIVERS OF OLDER ADULTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LEGAL ASSISTANCE FOUNDATION OF CHICAGO111 E JACKSON 3RD FL CHICAGO,IL 606043502	36-2754650	501C3	624,870				OMBUDSMAN, LEGAL ASSISTANCE FOR ELDERLY, AND LEGAL ASSISTANCE FOR NON-PARENT RELATIVES RAISING CHILDREN
LEYDEN FAMILY SERVICE SENIOR CITIZENS10001 W GRAND AVE FRANKLIN PARK,IL 60131	36-2235147	501C3	59,541				SOCIAL SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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METROPOLITAN ASIAN FAMILY SERVICES7541 N WESTERN CHICAGO,IL 60645	36-3925432	501C3	140,599				SOCIAL SERVICES FOR MINORITY ELDERLY
METROPOLITAN FAMILY SERVICES 13136 S WESTERN AVE BLUE ISLAND,IL 60406	36-2167940	501C3	200,895				SUPPORT SERVICES FOR UNPAID CAREGIVERS OF OLDER ADULTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MIDLAND AAA434 S POPLAR STREET CENTRALIA,IL 62801	37-0968177	501C3	8,288				MEDICARE FRAUD PATROL
NORTH SHORE SENIOR CENTER 161 NORTHFIELD RD NORTHFIELD,IL 60093	36-2366074	501C3	785,106				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
NORTHEASTERN ILLINOIS AAAPO BOX 809 KANKAKEE,IL 60901	36-2743881	501C3	12,496				MEDICARE FRAUD PATROL
NORTHWESTERN ILLINOIS AAA2576 CHARLES STREET ROCKFORD,IL 61108	36-2742719	501C3	18,768				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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OAK PARK TOWNSHIP418 S OAK PARK AVE OAK PARK,IL 60302	36-6006388	501C1	328,631				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
OUR LADY OF MT CARMEL1101 23RD AVE MELROSE PARK, IL 60160	36-2270057	501C3	45,756				NUTRITION SERVICES FOR THE MINORITY ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL505 S QUENTIN RD PALATINE,IL 60067	36-2781764	501C3	150,063				SOCIAL AND NUTRITION SERVICES FOR ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
PALOS AREA TRANSPORTATION SERVICES FOR THE ELDERLY10426 S ROBERTS RD PALOS HILLS,IL 60465	81-0556995	501C1	14,298				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PLOWS COUNCIL ON AGING7808 W COLLEGE DRIVE SUITE 5E PALOS HEIGHTS,IL 60463	36-2882809	501C3	924,044				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
PROGRESS CENTER FOR INDEPENDENT LIVING7521 MADISON FOREST PARK,IL 60130	36-3595485	501C3	62,000				PROVIDE ACCESS TO PUBLIC SUPPORT PROGRAMS FOR ELDERLY AND PEOPLE WITH DISABILITIES, AND PROVIDE MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY CHICAGO,IL 60612	36-2174823	501C3	108,651				COMMUNITIES PUTTING PREVENTION TO WORK
SALVATION ARMY 4800 N MARINE DRIVE CHICAGO,IL 60640	36-2167909	501C3	72,860				SOCIAL SERVICES FOR THE ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SENIOR SERVICES ASSOCIATES101 S GROVE ELGIN,IL 60120	36-2775102	501C3	9,378				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH
SENIORS ASSISTANCE CENTER7774 W IRVING PARK ROAD NORRIDGE,IL 60706	36-2918912	501C3	229,028				SOCIAL AND NUTRITION SERVICES FOR ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SHEKINAH CHAPEL13800 SOUTH WABASH RIVERDALE RIVERDALE,IL 60827	51-0600195	501C3	8,500				SUPPORT SERVICES FOR UNPAID CAREGIVERS OF OLDER ADULTS
SOLUTIONS FOR CARE7222 WEST CERMAK ROAD 200 NORTH RIVERSIDE,IL 60546	23-7176798	501C3	445,622				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND PROVIDE MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS, AND CENSUS OUTREACH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SOUTHEASTERN IL AAA2365 COUNTRY RD BELLEVILLE,IL 62221	37-0986597	501C3	8,218				MEDICARE FRAUD PATROL
STICKNEY TOWNSHIP OFFICE ON AGING5635 STATE ROAD BURBANK,IL 60459	36-6006465	501C1	310,869				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
THORNTON TOWNSHIP SENIOR CENTER 333 EAST 162ND STREET SOUTH HOLLAND, IL 60473	36-6006473	501C1	21,769				SOCIAL SERVICES FOR ELDERLY
UNIVERSITY OF ILLINOIS CHICAGO - DEPT OF PHARM PRACTICE833 S WOOD M/C 886 CHICAGO,IL 60612	37-6000511	501C3	38,745				HEALTH PROMOTION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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URHAI COMMUNITY SERVICE CENTER 2945 W PETERSON AVE S-204 CHICAGO,IL 60659	36-4427299	501C3	20,030				SOCIAL AND NUTRITION SERVICES FOR MINORITY ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS
VALLEY KINGDOM COMMUNITY DEV 17100 S HALSTED STREET HARVEY,IL 60426	58-2596184	501C3	8,500				SUPPORT SERVICES FOR UNPAID CAREGIVERS OF OLDER ADULTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
VICTORY CHRISTIAN ASSEMBLY2901 WEST 159TH ST MARKHAM,IL 60426	36-3517963	501C3	8,234				SUPPORT SERVICES FOR UNPAID CAREGIVERS OF OLDER ADULTS
VILLAGE OF WHEELING2 COMMUNITY BLVD WHEELING,IL 60090	36-6006156	501C1	17,470				NUTRITION SERVICES FOR THE ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
WEST CENTRAL ILLINOIS AAA 1125 HAMPSHIRE PO BOX 428 QUINCY,IL 623060428	23-7392059	501C3	8,187				MEDICARE FRAUD PATROL
WEST SUBURBAN SENIOR SERVICES439 BOHLAND BELLWOOD,IL 60104	36-2759604	501C3	544,857				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
WESTERN ILLINOIS AAA 729 34TH AVENUE ROCK ISLAND,IL 61201	36-2801332	501C3	40,622				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH
WHITE CRANE WELLNESS CENTER1355 W FOSTER CHICAGO,IL 60640	36-3719545	501C3	71,650				HEALTH PROMOTION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WORD MADE FLESH WORSHIP CENTER 3709 147TH PL MIDLOTHIAN,IL 60445	81-0577412	501C3	9,000				CARING TOGETHER LIVING BETTER
XILIN ASSOCIATION1163 E OGDEN NAPERVILLE,IL 605631687	36-3890616	501C3	138,925				SOCIAL AND NUTRITION SERVICES FOR MINORITY ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
RICH TOWNSHIP 22013 GOVERNORS HIGHWAY RICHTON PARK,IL 60471	36-6008440	501C1	38,470				NUTRITION SERVICES FOR ELDERLY
SALVATION ARMY-BLUE ISLAND2900 W BURR OAK AVE BLUE ISLAND,IL 60406	36-2167909	501C3	84,530				NUTRITION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
SCHAUMBURG TOWNSHIP1 ILLINOIS BLVD HOFFMAN ESTATES,IL 60169	36-2499040	501C1	900				ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
SHAWNEE ALLIANCE FOR SENIORS109 CALIFORNIA STREET CARTERVILLE,IL 62918	37-0966854	501C3	5,000				CARE TRANSITION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
STICKNEY TOWNSHIP PUBLIC HEALTH DISTRICT5635 STATE ROAD BURBANK,IL 60459	36-6006465	501C1	2,924				SOCIAL SERVICES FOR THE ELDERLY & PEOPLE WITH DISABILITIES
VILLAGE OF MOUNT PROSPECT50 SOUTH EMERSON ST MOUNT PROSPECT,IL 60056	36-6006011	501C1	250				ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
WESTLAKE HOSPITAL1225 WEST LAKE ST MELROSE PARK,IL 60160	27-2071437	N/A	2,000				SENIOR MEDICARE PATROL
ALEXIAN - ALEXIAN BROTHERS MED CENTER800 BIESTERFIELD RD ELK GROVE VILLAGE,IL 60007	36-2596381	501C3	200				ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
ASI WORKS7101 WISCONSIN AVE SUITE 1400 BETHESDA,MD 20814	52-2052647	N/A	237,136				VETERANS INDEPENDENCE PROGRAM
BARRINGTON AREA COA6000 GARLANDS LANE SUITE 100 BARRINGTON,IL 60010	36-3337705	501C3	200				ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
BREMEN TOWNSHIP 16361 S KEDZIE PKWY MARKHAM,IL 60428	36-6006214	501C1	23,482				NUTRITION SERVICES FOR ELDERLY
CROSSROADS COALITION30 EAST 15TH STREET CHICAGO HEIGHTS,IL 60411	35-2260048	501C3	8,000				DIABETES PREVENTION & CONTROL SERVICES FOR THE ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
DUPAGE CENTER FOR INDEPENDENT LIVING739 ROOSEVELT ROAD BUILDING 8 NUMBER 109 GLEN ELLYN,IL 60137	36-3730790	501C3	600				SENIOR MEDICARE PATROL
CITY OF EVANSTON2100 RIDGE AVENUE EVANSTON,IL 60201	36-6005870	501C1	71,359				SOCIAL, NUTRITION, LONG TERM CARE SERVICES FOR ELDERLY AND PEOPLE WITH DISABILITIES, AND ASSISTANCE FOR FILLING OUT PHARMACEUTICAL ASSISTANCE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PL CHICAGO,IL 60632	36-2971864	501C3	30,866				NUTRITION SERVICES FOR ELDERLY
ILLINOIS NETWORK OF CENTERS FOR INDEPENDENT LIVING1 WEST OLD STATE CAPITAL PLAZA STE 501 SPRINGFIELD,IL 62701	37-1345658	501C3	600				SENIOR MEDICARE PATROL

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
IMPACT CENTER FOR INDEPENDENT LIVING2735 E BROADWAY ALTON,IL 62002	37-1183032	501C3	600				SENIOR MEDICARE PATROL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AGEOPTIONS INC

Employer identification number
36-2806193

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAVIN JONATHAN	(i)	139,050	8,424	20,233	0	0	167,707	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AGEOPTIONS INC

Employer identification number
36-2806193

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SOLUTIONS FOR CARE - SERVICE PROVIDER	SERVICE PROVIDER BOARD MEMBER IS A RELATIVE OF THE AGENCY'S VICE PRESIDENT	372,101	GRANTS FOR SERVICES PROVIDED TO SENIORS		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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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 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
AGEOPTIONS INC

Employer identification number
36-2806193

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE CHIEF EXECUTIVE SHALL ENSURE THAT TAX PAYMENTS AND OTHER GOVERNMENT-ORDERED PAYMENTS OR FILINGS ARE FILED IN A TIMELY AND ACCURATE MANNER THE CHIEF EXECUTIVE SHALL SIGN AND CERTIFY THAT IRS FORM 990 IS ACCURATE AND COMPLETE THE AUDIT/FINANCE COMMITTEE SHALL REVIEW AND APPROVE IRS FORM 990 ANNUAL TAX FILING PRIOR TO SUBMISSION, AND THE FULL BOARD SHALL RECEIVE A COPY OF IRS FORM 990 WITHIN 30 DAYS PRIOR TO ITS SUBMISSION
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, PRIOR TO THE OCTOBER BOARD MEETING THE "BOARD OF DIRECTORS/ADVISORY COUNCIL DISCLOSURE STATEMENT" IS MAILED TO ALL MEMBERS THE COMPLETED FORM IS REQUIRED TO BE SUBMITTED PRIOR TO OR AT THAT MEETING THE COMPLETED, RETURNED, SIGNED STATEMENTS ARE REVIEWED FOR ANY CONFLICTS IF ANY THEY ARE RESOLVED ADDITIONALLY, AS EACH NEW MEMBER IS ADDED TO THE BOARD THIS STATEMENT IS COMPLETED PRIOR TO THE BOARD APPROVAL OF THE NEW MEMBER
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD HAS THE AUTHORITY TO HIRE, EMPLOY AND COMPENSATE THE CHIEF EXECUTIVE OFFICER WHO WILL CARRY OUT THE RESPONSIBILITIES AS OUTLINED IN THE BY-LAWS (SEE SECTION 3 5 BELOW) THE BOARD RETAINS THE AUTHORITY TO ESTABLISH COMPENSATION GUIDELINES FOR ANNUAL SALARY AND COMPENSATION REVIEWS THE FINANCE COMMITTEE WILL REVIEW AND APPROVE THE AGENCY BUDGET INCLUDING THE IDENTIFICATION OF RESOURCES FOR COMPENSATION OF EMPLOYEES THE EXECUTIVE COMMITTEE WILL REVIEW AND APPROVE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEES ANNUALLY IT WILL BE A GOAL TO CONDUCT COMPREHENSIVE COMPENSATION REVIEWS AND REVIEW THE COMPENSATION PHILOSOPHY AT A MINIMUM OF EVERY FIVE YEARS AND MORE FREQUENTLY, AS THE BOARD DESIRES EXCERPT FROM AGEOPTIONS BY-LAWS SECTION 3 5 PRESIDENT THE PRESIDENT SHALL BE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION HIRED BY THE BOARD AND SHALL HAVE RESPONSIBILITY FOR THE GENERAL AND ACTIVE MANAGEMENT OF THE AFFAIRS, ACTIVITIES AND DAILY BUSINESS OF THE CORPORATION, SUBJECT TO ALL POLICIES AND PROCEDURES ADOPTED BY THE BOARD SUBJECT TO THE DIRECTION AND CONTROL OF THE BOARD, HE/SHE SHALL BE IN CHARGE OF ENSURING THAT THE RESOLUTIONS AND DIRECTIVES OF THE BOARD ARE CARRIED OUT, EXCEPT IN THOSE INSTANCES IN WHICH THE BOARD OR THESE BY-LAWS ASSIGN THAT RESPONSIBILITY TO SOME OTHER PERSON EXCEPT IN THOSE INSTANCES IN WHICH THE BOARD EXPRESSLY DELEGATES THE EXCLUSIVE AUTHORITY TO EXECUTE TO ANOTHER OFFICER OR AGENT OF THE CORPORATION, THE PRESIDENT, WITH AUTHORITY FROM THE BOARD OR EXECUTIVE COMMITTEE, SHALL SIGN FOR THE CORPORATION ANY AGREEMENTS, APPLICATIONS, CONTRACTS, DEEDS, MORTGAGES, BONDS OR OTHER INSTRUMENTS AND GRANT AWARDS, OBLIGATING THE CORPORATION'S ACTION OR FUNDS IN ADDITION TO THE AUTHORITY CONFERRED ON THE PRESIDENT IN THESE BYLAWS, THE BOARD MAY AUTHORIZE ANY OTHER OFFICER OR OFFICERS, AGENT OR AGENTS, INCLUDING BUT NOT LIMITED TO THE PRESIDENT, TO ENTER INTO ANY CONTRACT OR EXECUTE AND DELIVER ANY INSTRUMENT IN THE NAME OF AND ON BEHALF OF THE CORPORATION, AND SUCH AUTHORITY MAY BE GENERAL OR CONFINED TO SPECIFIC INSTANCES THE PRESIDENT SHALL EMPLOY AND DIRECT ALL PERSONNEL NECESSARY FOR THE CONDUCT AND WORK OF THE CORPORATION AND SHALL PERFORM SUCH OTHER DUTIES AS MAY BE ASSIGNED BY THE BOARD THE PRESIDENT OR HIS/HER DESIGNEE SHALL ATTEND-ALL MEETINGS OF THE BOARD AND OF THE EXECUTIVE COMMITTEE
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 21,223

Additional Data

Software ID:
Software Version:
EIN: 36-2806193
Name: AGEOPTIONS INC

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 3,876,547 including grants of $ 3,649,638) (Revenue $)

STATE/GRF - GENERAL REVENUE FUNDS FOR THE PURPOSE OF ABUSE INTERVENTION, TRANSPORTATION, OUT-REACH AND HOME DELIVERED MEALS