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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 2012 Open to Public Inspection
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A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization WASHINGTON COUNTY COMMISSION ON AGING INC/AREA AGENCY ON AGING Doing Business As	D Employer identification number 52-0899001	
	Number and street (or P O box if mail is not delivered to street address) 140 WEST FRANKLIN STREET 4TH FLOOR	Room/suite	E Telephone number (301) 790-0275
	City or town, state or country, and ZIP + 4 HAGERSTOWN, MD 21740		G Gross receipts \$ 2,524,024
	F Name and address of principal officer JOHN KENNEY 140 WEST FRANKLIN STREET 4TH FLOOR HAGERSTOWN, MD 21740		
	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527		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 ▶
J Website: ▶ WWW.WCCOAGING.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1973	
		M State of legal domicile MD	

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PLAN AND COORDINATE SYSTEMS OF SERVICES WHICH HELP OLDER AMERICANS MAINTAIN THEIR INDEPENDENCE THROUGH A VARIETY OF PROGRAMS THESE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, ACCESS SERVICES, IN-HOME SERVICES, HOUSING/LONG-TERM CARE FACILITIES SERVICES, LEGAL SERVICES, GUARDIANSHIP PROGRAM, FINANCIAL SERVICES, HEALTH-RELATED SERVICES, VOLUNTEER PROGRAMS, RECREATION/EDUCATION PROGRAMS, AND NUTRITION SERVICES INCLUDING PROVIDING CONGREGATE NUTRITION SITES 																		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																		
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>14</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>14</td></tr><tr><td>5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)</td><td>5</td><td>50</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>530</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	50	6 Total number of volunteers (estimate if necessary)	6	530	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
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14																
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14																	
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	50																	
6 Total number of volunteers (estimate if necessary)	6	530																	
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																	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,702,312	Current Year 2,468,557																
	9 Program service revenue (Part VIII, line 2g)	55,181	51,278																
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,545	4,189																
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0																
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,763,038	2,524,024																
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	654,633	563,684																
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0																
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,438,792	1,347,100																
	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)	507,616	500,856																
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,601,041	2,411,640																
	19 Revenue less expenses Subtract line 18 from line 12	161,997	112,384																
Net Assets or Fund Balances		Beginning of Current Year	End of Year																
	20 Total assets (Part X, line 16)	1,536,679	1,644,693																
	21 Total liabilities (Part X, line 26)	231,132	223,831																
	22 Net assets or fund balances Subtract line 21 from line 20	1,305,547	1,420,862																

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

Sign Here	***** Signature of officer		2014-02-06 Date			
	STEVEN T REYNOLDS CHIEF OPERATING OFFICER Type or print name and title					
Paid Preparer Use Only	Prnt/Type preparer's name MICHAEL P MANSPEAKER		Preparer's signature	Date	Check ☐ if self-employed	PTIN P00057990
	Firm's name ▶ SMITH ELLIOTT KEARNS & COMPANY LLC					Firm's EIN ▶ 52-0783935
	Firm's address ▶ 480 N POTOMAC STREET HAGERSTOWN, MD 21740					Phone no (301) 733-5020
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No						

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

TO PLAN AND COORDINATE SYSTEMS OF SERVICES WHICH HELP OLDER AMERICANS MAINTAIN THEIR INDEPENDENCE THROUGH A VARIETY OF PROGRAMS THESE PROGRAMS INCLUDE, BUT ARE NOT LIMITED TO, ACCESS SERVICES, IN-HOME SERVICES, HOUSING/LONG-TERM CARE FACILITIES SERVICES, LEGAL SERVICES, GUARDIANSHIP PROGRAM, ELDERLY ABUSE, CRISIS INTERVENTION SERVICES, HEALTH-RELATED SERVICES, VOLUNTEER PROGRAMS, RECREATION/EDUCATION PROGRAMS, AND NUTRITION SERVICES INCLUDING PROVIDING HOME DELIVERED MEALS AND CONGREGATE NUTRITION SITES

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 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 \$ 248,968 including grants of \$ 39,922) (Revenue \$)

TITLE IIIB - PROVIDES SUPPORTIVE SERVICES INCLUDING HEALTH, EDUCATION AND TRAINING, INFORMATIONAL, RECREATIONAL, HOMEMAKER, REFERRAL SERVICES, AND TRANSPORTATION SERVICES TO FACILITATE ACCESS TO SUPPORTIVE SERVICES

4b

(Code) (Expenses \$ 184,975 including grants of \$ 133,438) (Revenue \$ 51,278)

SENIOR CARE - PROVIDES A NETWORK OF SERVICES AND BENEFITS AVAILABLE FOR SENIOR CITIZENS FROM PUBLIC AND PRIVATE AGENCIES OPERATES IN COOPERATION WITH THE DEPARTMENT OF SOCIAL SERVICES AND THE ADULT EVALUATION AND REVIEW SERVICES OF THE HEALTH DEPARTMENT ASSESSMENTS, CASE MANAGEMENT AND IN-HOME SERVICE ARE PROVIDED FOR "AT RISK" INDIVIDUALS AGED 65 AND OLDER WHO MEET FINANCIAL AND FUNCTIONAL ELIGIBILITY

4c

(Code) (Expenses \$ 511,774 including grants of \$ 252,855) (Revenue \$)

TITLE IIIC - PROVIDES TO SENIOR CITIZENS WHO QUALIFY FOR CONGREGATE NUTRITION SERVICERS AT VARIOUS SITES AND ALSO PROVIDES HOME DELIVERED NUTRITION SERVICES THROUGHOUT WASHINGTON COUNTY MARYLAND

See Additional Data Table

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,114,708 including grants of \$ 137,469) (Revenue \$)

4e

Total program service expenses

2,060,425

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	No
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 for escrow or custodial account liability, 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, line 10? 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	No
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	No
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 and XII 	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 and XII 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, Parts I and IV	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 United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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	No
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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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.	31	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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	50
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
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, securities account, or other financial 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 as charitable contributions?		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	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	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	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	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	1a14		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b14		
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		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		No
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		No
	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	MD
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 ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	STEVEN T REYNOLDS CPA 140 WEST FRANKLIN STREET HAGERSTOWN, MD (301) 790-0275

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) JOHN KENNEY PRESIDENT	5 00	X		X				0	0	0
(2) WILLIAM K BEARD JR VICE-PRESIDENT	5 00	X		X				0	0	0
(3) ALFRED E MARTIN SECRETARY/TREASURER	1 00	X		X				0	0	0
(4) SIDNEY L GALE DIRECTOR	1 00	X						0	0	0
(5) MARY MCPHERSON DIRECTOR	1 00	X						0	0	0
(6) CYNTHIA M PELLEGRINO DIRECTOR	1 00	X						0	0	0
(7) DR MONICA STALLWORTH DIRECTOR	1 00	X						0	0	0
(8) DR PETER CALLAS DIRECTOR	1 00	X						0	0	0
(9) AMY OLACK DIRECTOR	1 00	X						0	0	0
(10) ELISABETH CREECH DIRECTOR	1 00	X						0	0	0
(11) RUTH ANNE CALLAHAM DIRECTOR	1 00	X						0	0	0
(12) GREGG MESEROLE DIRECTOR	1 00	X						0	0	0
(13) ROSEANN FISHER DIRECTOR	1 00	X						0	0	0
(14) MARSHALL ROCK DIRECTOR	1 00	X						0	0	0
(15) RICHARD WILLSON DIRECTOR	1 00	X						0	0	0
(16) SUSAN J MACDONALD EXECUTIVE DIRECTOR	37 50			X				78,699	0	16,960
(17) STEVEN T REYNOLDS CHIEF OPERATING OFFICER	37 50			X				67,009	0	16,501

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							145,708	0	33,461	

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: 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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)	(B)	(C)
Name and business address	Description of services	Compensation

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

Part VIII

Statement of Revenue

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

				(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	69,601				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,231,404				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	167,552				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						2,468,557
Program Service Revenue	2a	PARTICIPANT DONATIONS	Business Code	624100	51,278	51,278		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			51,278			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,189			4,189
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross rents		(i) Real	(ii) Personal			
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
		b	Less direct expenses	b				
c		Net income or (loss) from fundraising events . . .						
9a		Gross income from gaming activities See Part IV, line 19						
		a						
		b	Less direct expenses	b				
c		Net income or (loss) from gaming activities . . .						
10a		Gross sales of inventory, less returns and allowances						
	a							
	b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			2,524,024	51,278	0	4,189	

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).

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.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	563,684	563,684		
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.	185,060	45,421	139,639	
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.	955,849	852,079	103,770	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	19,531	17,825	1,706	
9	Other employee benefits.	180,049	160,396	19,653	
10	Payroll taxes.	6,611	5,207	1,404	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	40,722	39,345	1,377	
c	Accounting.	16,905	13,512	3,393	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	26,400	26,400		
12	Advertising and promotion.				
13	Office expenses.	92,519	54,982	37,537	
14	Information technology.				
15	Royalties.				
16	Occupancy.	244,231	231,233	12,998	
17	Travel.	16,297	12,551	3,746	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	5,015	1,886	3,129	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	4,235		4,235	
23	Insurance.	24,027	18,214	5,813	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	VOLUNTEER EXPENSES	12,039	12,039		
b	EQUIPMENT	11,690	2,359	9,331	
c	DUES/PUBLICITY	3,717	233	3,484	
d	MISCELLANEOUS	3,059	3,059		
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	2,411,640	2,060,425	351,215	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			1,317,885	2	1,419,789
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			125,110	4	103,177
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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			28,930	9	7,098
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	102,964			
	b	Less accumulated depreciation	10b	52,261	4,938	10c	50,703
	11	Investments—publicly traded securities			44,666	11	47,474
	12	Investments—other securities See Part IV, line 11			15,150	12	16,452
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,536,679	16	1,644,693
Liabilities	17	Accounts payable and accrued expenses			159,443	17	169,326
	18	Grants payable				18	
	19	Deferred revenue			71,689	19	54,505
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			231,132	26	223,831
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			985,219	27	1,161,223
	28	Temporarily restricted net assets			320,328	28	259,639
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), 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			1,305,547	33	1,420,862
	34	Total liabilities and net assets/fund balances			1,536,679	34	1,644,693

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,524,024
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,411,640
3	Revenue less expenses Subtract line 2 from line 1	3	112,384
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,305,547
5	Net unrealized gains (losses) on investments	5	2,929
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,420,862

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 52-0899001
Name: WASHINGTON COUNTY COMMISSION ON
AGING INC/AREA AGENCY ON AGING

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

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.			
(Code	) (Expenses \$	64,887 including grants of \$	50,350) (Revenue \$)
SENIOR ASSISTED GROUP HOUSING - PROVIDES TWENTY-FOUR HOUR SUPERVISED CARE IN A FAMILY LIFE SETTING PROVIDES MEALS, HOUSEKEEPING AND PERSONAL CARE TO QUALIFYING RESIDENTS WHO ARE 62 YEARS OF AGE OR OLDER			
(Code	) (Expenses \$	10,322 including grants of \$	) (Revenue \$)
SENIOR MEDICARE PATROL - GRANT FROM THE STATE OF MARYLAND WHOSE PURPOSE IS TO REDUCE THE AMOUNT OF FEDERAL AND STATE FUNDS LOST DUE TO HEALTH INSURANCE FRAUD BY INCREASING THE PUBLIC'S ABILITY TO DETECT AND REPORT POSSIBLE FRAUD, WASTE, AND ABUSE			

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$ 75,637	including grants of \$ 75,637	(Revenue \$)
SENIOR NUTRITION PROGRAM - PROVIDES CONGREGATE AND HOME-DELIVERED MEALS MONDAY THROUGH FRIDAY TO ELIGIBLE SENIORS WHO ARE AGE 60 OR OLDER AND LIVE IN WASHINGTON COUNTY			
(Code)	(Expenses \$ 17,423	including grants of \$ 880	(Revenue \$)
SENIOR INFORMATION AND ASSISTANCE - PROVIDES FOR ALL SENIORS, THEIR FAMILIES AND INTERESTED INDIVIDUALS A SINGLE POINT OF ENTRY TO RECEIVE ASSISTANCE INFORMATION			

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$ 52,508	including grants of \$ 1,000	(Revenue \$)
GUARDIANSHIP - THE ORGANIZATION SERVES AS A COURT APPOINTED GUARDIAN FOR QUALIFYING INDIVIDUALS AGED 65 AND OVER WHO ARE INCAPABLE OF MAKING DECISIONS FOR THEMSELVES AND WHO HAVE NO FAMILY OR FRIEND TO ASSIST THEM			
(Code)	(Expenses \$ 59,092	including grants of \$)	(Revenue \$)
RETIRED AND SENIOR VOLUNTEER PROGRAM - SERVES AS A CLEARINGHOUSE FOR VOLUNTEER OPPORTUNITIES IN WASHINGTON COUNTY FOR INDIVIDUALS 55 YEARS OF AGE AND OLDER			

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 1,887 including grants of \$) (Revenue \$)
GENERAL FUND (VARIOUS PROGRAMS) - NOT OTHERWISE SPECIFIED
(Code) (Expenses \$ 83,759 including grants of \$) (Revenue \$)
OLDER ADULT MEDICAID WAIVER PROGRAM - PROVIDES ASSISTANCE TO QUALIFYING INDIVIDUALS AGED 50 AND OLDER TO RECEIVE IN-HOME OR ASSISTED LIVING FACILITY SERVICES AS AN ALTERNATIVE TO NURSING HOME PLACEMENT

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 34,755 including grants of \$) (Revenue \$)
PEER SUPPORT PROGRAM - A STATE GRANT THROUGH THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DHMH) DESIGNED TO DEVELOP BETTER PRACTICES FOR PEER TO PEER SUPPORT FROM LONG TERM CARE FACILITIES
(Code) (Expenses \$ 62,057 including grants of \$) (Revenue \$)
STATE OMBUDSMAN - THE ORGANIZATION SERVES AS AN OVERSEER FOR RESIDENTS OF LONG-TERM CARE FACILITIES TO HELP THEM MAINTAIN THEIR LEGAL RIGHTS AND KEEP CONTROL OVER THEIR LIVES AND PERSONAL DIGNITY

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code)	(Expenses \$ 13,428	including grants of \$)	(Revenue \$)
SENIOR HEALTH INSURANCE PROGRAM (SHIP) - ASSISTS MEDICARE-ELIGIBLE INDIVIDUALS AND THEIR CAREGIVERS AND FAMILY MEMBERS IN UNDERSTANDING ALL PARTS OF MEDICARE AND SUPPLEMENTAL INSURANCE THERE ARE OVER 20,000 MEDICARE BENEFICIARIES PLUS APPROXIMATELY 5,000 ON MEDICARE DISABILITY			
(Code)	(Expenses \$ 31,106	including grants of \$)	(Revenue \$)
SENIOR MENTAL HEALTH - THE PROGRAM IS A PARTNERSHIP BETWEEN THIS ORGANIZATION, THE WASHINGTON COUNTY MENTAL HEALTH AUTHORITY AND THE DEPARTMENT OF SOCIAL SERVICES PROVIDING SERVICES TO THE ELDERLY			

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 267,583 including grants of \$) (Revenue \$)
MAP SITE - MARYLAND ACCESS POINT IS A SINGLE POINT OF ENTRY TO EMPOWER INDIVIDUALS TO MAKE INFORMED CHOICES AND TO STREAMLINE ACCESS TO RESOURCES FOR LIFELONG INDEPENDENCE THIS "NO WRONG DOOR" APPROACH WILL ASSIST SENIORS OVER AGE 50 OF ALL INCOME LEVELS AND YOUNGER DISABLED ADULTS OVER THE AGE OF 18 YEARS
(Code) (Expenses \$ 2,915 including grants of \$) (Revenue \$)
LIVING WELL - A SERIES OF WORKSHOPS FOR PERSONS WITH CHRONIC CONDITIONS WORKSHOPS TEACH SKILLS NEEDED IN THE DAY-TO-DAY MANAGEMENT OF TREATMENT AND TO MAINTAIN AND/OR INCREASE LIFE'S ACTIVITIES

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code) (Expenses \$ 17,016 including grants of \$) (Revenue \$)
MONEY FOLLOWS THE PERSON - STATE IMPLEMENTATION OF A FEDERAL PROGRAM PROVIDING ALTERNATIVES TO LONG-TERM CARE FACILITIES
(Code) (Expenses \$ 236,314 including grants of \$ 9,602) (Revenue \$)
TEMPORARY SENIOR CENTER - MULTI-SERVICE SENIOR CENTER THAT OFFERS A VARIETY OF CLASSES, PROGRAMS AND ACTIVITIES DESIGNED TO PROVIDE A FOCAL POINT FOR ACTIVE, VIBRANT OLDER PERSONS

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code	) (Expenses \$	19,575	including grants of \$	) (Revenue \$	)
MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT - DEMONSTRATES HOW STATE HEALTH INSURANCE COUNSELING PROGRAMS, LOCAL AREA AGENCIES ON AGING AND MARYLAND ACCESS POINT SITES CAN WORK TOGETHER TO ENHANCE AND INTENSIFY OUTREACH ACTIVITIES TO HELP MEDICARE BENEFICIARIES UNDERSTAND AND APPLY FOR ASSISTANCE PROGRAMS FOR LOW INCOME BENEFICIARIES SUCH AS THE LOW INCOME SUBSIDY PROGRAM, TO HELP WITH MEDICARE PART D PRESCRIPTION DRUG PROGRAM EXPENSES, MEDICARE SAVINGS PROGRAMS - Q-1 QUALIFIED MEDICARE BENEFICIARY PROGRAM, AND SPECIFIED LOW INCOME MEDICARE SUBSIDY PROGRAM (LIS)					

(Code	) (Expenses \$	33,736	including grants of \$	) (Revenue \$	)
HOSPITAL DISCHARGE - IS A STATE GRANT THROUGH THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE (DHMH) THAT PROMOTES THE DEVELOPMENT AND IMPLEMENTATION OF ENHANCED HOSPITAL DISCHARGE PLANNING MODELS THAT MEANINGFULLY ENGAGE MEDICAID-ELIGIBLE INDIVIDUALS WITH DISABILITIES AND INCREASES THE CAPACITY OF EXISTING, AND DEVELOP NEW, SINGLE ENTRY POINTS TO PROVIDE CRITICAL LINKAGES TO AVAILABLE LONG-TERM CARE SERVICES IN THE COMMUNITY					

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

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.

(Code	) (Expenses \$	14,368	including grants of \$	) (Revenue \$	)
THE AAA IS A SUB-RECIPIENT OF A CDBG GRANT IN COOPERATION WITH THE CITY OF HAGERSTOWN THE FUNDS ARE USED FOR NECESSARY HOME REPAIRS FOR QUALIFYING CLIENTS					

(Code	) (Expenses \$	16,340	including grants of \$	) (Revenue \$	)
THE INTERGENERATIONAL PROGRAM IS FOR SENIORS OVER 55 YEARS OF AGE WHO WOULD LIKE TO VOLUNTEER TO TUTOR YOUNG STUDENTS IN LOCAL PUBLIC SCHOOLS GRADES K-12 THE COORDINATOR OF THE PROGRAM FINDS WILLING SENIORS, REGISTERS THEM, AND ENGAGES THEM IN DISCUSSIONS ABOUT BACKGROUND AND AVAILABILITY FOR TUTORING THEN MEETINGS ARE ARRANGED AT INDIVIDUAL SCHOOLS FOR THE SENIOR AND SCHOOL PERSONNEL FOR PLACEMENT PURPOSES					

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

2012

Open to Public
Inspection

Name of the organization WASHINGTON COUNTY COMMISSION ON AGING INC/AREA AGENCY ON AGING	Employer identification number 52-0899001
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1	☐	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	☐	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	☐	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	☐	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	☐	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	☐	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	☒	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	☐	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	☐	An organization that normally receives (1) more than 33 ¹ / ₃ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 ¹ / ₃ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	☐	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	☐	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
e	☐	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	☐	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	☐	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,565,815	2,646,501	2,482,618	2,702,312	2,468,557	12,865,803
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,565,815	2,646,501	2,482,618	2,702,312	2,468,557	12,865,803
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						12,865,803

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,565,815	2,646,501	2,482,618	2,702,312	2,468,557	12,865,803
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,069	3,345	5,896	5,545	4,189	20,044
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						12,885,847
12	Gross receipts from related activities, etc (see instructions)					12	515,378
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 2012 (line 6, column (f) divided by line 11, column (f))	14	99 840 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	99 840 %
16a	33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

WASHINGTON COUNTY COMMISSION ON AGING INC/AREA AGENCY ON AGING

Employer identification number

52-0899001

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII

☐

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

Describe in Part XIII 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	50,000		50,000
d	Equipment			
e	Other	52,964	52,261	703
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				50,703

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	2,607,561
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,929		
b	Donated services and use of facilities	2b	80,608		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	83,537
3	Subtract line 2e from line 1			3	2,524,024
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 XIII)	4b			
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5	2,524,024
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	2,492,247
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	80,608		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	80,608
3	Subtract line 2e from line 1			3	2,411,639
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 XIII)	4b	1		
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	2,411,640

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	THE ORGANIZATION FOLLOWS FASB ACCOUNTING STANDARDS CODIFICATION, WHICH PROVIDES GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, AND ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURES, AND TRANSITION. AS OF JUNE 30, 2013, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT REQUIRE EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ON UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE IN THE FINANCIAL STATEMENT. NO INTEREST AND PENALTIES WERE RECORDED DURING THE YEAR ENDED JUNE 30, 2013. GENERALLY, THE TAX YEARS BEFORE 2010 ARE NO LONGER SUBJECT TO EXAMINATION BY FEDERAL, STATE OR LOCAL TAXING AUTHORITIES.
PART XII, LINE 4B - OTHER ADJUSTMENTS		ROUNDING 1

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

2012

Open to Public
Inspection

Name of the organization
WASHINGTON COUNTY COMMISSION ON
AGING INC/AREA AGENCY ON AGING

Employer identification number
52-0899001

Part I

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. Part II can be duplicated 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

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 SENIOR ASSISTED LIVING GROUP HOME SUBSIDY PROGRAM IS BASED ON INCOME, MEDICAL EXPENSE AND AVAILABILITY OF FUNDS USUALLY, AN ADULT EVALUATION REPRESENTATIVE FROM THE WASHINGTON COUNTY HEALTH DEPARTMENT ADULT EVALUATION AND REVIEW SERVICE(AERS) PROGRAM CONDUCTS AN ASSESSMENT ON EACH RESIDENT APPLYING FOR SUBSIDY TO MAKE SURE THE RESIDENT QUALIFIES PHYSICALLY THE MONTHLY SUBSIDY IS PAID DIRECTLY TO THE PROVIDER FROM WASHINGTON COUNTY COMMISSION ON AGING, INC ON BEHALF OF THE RESIDENT EACH GROUP HOME PROVIDER IS MONITORED ON A QUARTERLY BASIS TO CONFIRM THEY ARE OPERATING IN COMPLIANCE WITH COMAR STATE REGULATIONS AND ONE ON ONE VISITS ARE CONDUCTED WITH RESIDENTS TO ENSURE THEY ARE RECEIVING ADEQUATE CARE QUARTERLY REPORTS ARE SENT TO THE STATE OFFICE ON AGING AND RE-APPLICATIONS ARE COMPLETED ANNUALLY FOR ELIGIBILITY REQUIREMENTS FOR THE UPCOMING YEAR SENIOR CARE SERVICES INCLUDE PERSONAL CARE, CHORE SERVICE, MEDICATIONS, MEDICAL SUPPLIES, ADULT DAY CARE, RESPITE CARE, HOME DELIVERED MEALS, TRANSPORTATION, AND EMERGENCY RESPONSE SYSTEMS WHEN OLDER PERSONS ARE REFERRED FOR HELP, THEY ARE SCREENED TO DETERMINE IF THEY ARE ELIGIBLE FOR SENIOR CARE SCREENINGS ARE PERFORMED IN-KIND BY ALL PARTICIPATING AGENCIES AND INCLUDE INFORMATION ABOUT THE INDIVIDUAL'S AGE, INCOME, ASSETS AND FUNCTIONAL ABILITIES IF THE INDIVIDUAL APPEARS ELIGIBLE FOR SENIOR CARE, A REFERRAL IS MADE FOR A FULL EVALUATION OF NEED ASSESSMENTS ARE CONDUCTED FACE-TO-FACE WITH THE OLDER PERSON AND HIS/HER FAMILY MEMBERS TO DETERMINE ELIGIBILITY AND TO DEVELOP A PLAN OF CARE INITIAL ASSESSMENTS ARE PERFORMED IN-KIND, USUALLY BY ADULT EVALUATION AND REVIEW SERVICE (AERS) OF THE WASHINGTON COUNTY HEALTH DEPARTMENT EACH PERSON RECEIVING SENIOR CARE IS ASSIGNED A CASE MANAGER WHO IS RESPONSIBLE FOR IMPLEMENTING THE CARE PLAN THE CASE MANAGER ALSO COMPLETES REASSESSMENTS FOR ELIGIBILITY AND NEED EVERY SIX MONTHS

Software ID:

Software Version:

EIN: 52-0899001

Name: WASHINGTON COUNTY COMMISSION ON AGING INC/AREA AGENCY ON AGING

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
GROUP HOUSING SUBSIDIES (SALGHS)	9	66,465			
SENIOR NEEDS (CHORES AND PERSONAL CARE/DAY CARE)	121	102,614			
LIFELINE EMERGENCY RESPONSE	22	5,212			
RESPITE CARE	23	11,283			
CRISIS INTERVENTION	49	880			
PRESCRIPTION MEDICINES	22	10,198			
MEDICAL SUPPLIES	9	2,820			
MEALS	638	351,837			
PREVENTATIVE CARE	524	12,375			

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

2012**Open to Public
Inspection**Name of the organization
WASHINGTON COUNTY COMMISSION ON
AGING INC/AREA AGENCY ON AGING**Employer identification number**

52-0899001

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE CHIEF OPERATING OFFICER (COO) WHEN REVIEWING THE FORM 990, THE COO VERIFIES THAT THE NARRATIVES THROUGHOUT THE FORM REFLECT THE MISSION AND GOALS OF THE ORGANIZATION AS WELL AS ITS POLICIES. IN ADDITION, THE COO ENSURES THAT THE PROGRAMS CARRIED OUT BY THE ORGANIZATION ARE PROPERLY REFLECTED ON THE FORM 990. ANY QUESTIONS OR DISCREPANCIES ARE DISCUSSED WITH THE CERTIFIED PUBLIC ACCOUNTANT WHO PREPARED THE FORM. AFTER ISSUANCE OF THE INDEPENDENT AUDITOR'S FINANCIAL REPORT THE 990 WILL BE REVIEWED WITH THE BOARD OF DIRECTORS. A COPY OF THE FORM 990 WILL BE IN THE ORGANIZATION'S OFFICE.
	FORM 990, PART VI, SECTION B, LINE 15A	COMPENSATION FOR THE EXECUTIVE DIRECTOR WAS INITIALLY SET BY A COMPARABLE DATA PROCESS. SINCE THE INITIAL PROCESS, COMPENSATION HAS ONLY BEEN ADJUSTED BY AN ORGANIZATION-WIDE COLA.
	FORM 990, PART VI, SECTION C, LINE 18	THE FORMS ARE MADE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	ROUNDING 2
	FORM 990, PART XII, LINE 2C	THE FINANCE COMMITTEE SENDS OUT REQUESTS FOR PROPOSALS AND BASED ON THE RESPONSES ENGAGES A CERTIFIED PUBLIC ACCOUNTANT TO PERFORM THE AUDIT. WHEN THE AUDIT IS COMPLETED IT IS PRESENTED TO THE FINANCE COMMITTEE, WHO AFTER ACCEPTING THE REPORT, MAKES IT AVAILABLE TO THE FULL BOARD. THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR.