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Part III

Statement of Program Service Accomplishments

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

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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 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 \$ 7,670,488 including grants of \$ 6,906,944) (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 40 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 467,635 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 2013, 216,411 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 \$ 1,395,659 including grants of \$ 1,395,659) (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 2013, THERE WERE 1,882 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 60% OF ALL CASES

4c

(Code) (Expenses \$ 317,900 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 FY2013 TITLE V PARTICIPANTS COMPLETED 32,030 HOURS OF PAID TRAINING AT COMMUNITY ORGANIZATIONS, 86% OF SCSEP PARTICIPANTS HAVE FAMILY INCOME AT OR BELOW THE FEDERAL POVERTY GUIDELINE AND 71% OF SCSEP PARTICIPANTS WERE FEMALE

(Code) (Expenses \$ 4,500,189 including grants of \$ 4,361,093) (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 \$ 4,500,189 including grants of \$ 4,361,093) (Revenue \$)

4e

Total program service expenses ▶

13,884,236

Form 990 (2012)

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 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 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 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 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 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	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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	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? <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	Yes	
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

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		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
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.		
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a		Yes	
7b		Yes	
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a			
13b			
13c			
14a			No
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	17	
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	17	
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 this 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 ☐ 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	DIANE SLEZAK 1048 LAKE ST SUITE 300 OAK PARK, IL (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 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) BLAHA ARLENE DIRECTOR	2 00	X						0	0	0
(2) BOUSKY TRACY DIRECTOR	2 00	X						0	0	0
(3) COONDA MARY E DIRECTOR	2 00	X						0	0	0
(4) GAGLIARDO JOSEPH DIRECTOR	2 00	X						0	0	0
(5) GORDON MURRAY DIRECTOR	2 00	X						0	0	0
(6) HOWE-HRACH KATHLEEN DIRECTOR	2 00	X						0	0	0
(7) KARUTZ FREDERICK DIRECTOR	2 00	X						0	0	0
(8) MOORE DONNA DIRECTOR	2 00	X						0	0	0
(9) PEACHEY KIRSTEN DIRECTOR	2 00	X						0	0	0
(10) PERRY ANTHONY DIRECTOR	2 00	X						0	0	0
(11) ROZYCKI CARLA DIRECTOR	2 00	X						0	0	0
(12) SIEGEL LINDA CHAIRPERSON	4 00	X						0	0	0
(13) WELLS ELIZABETH DIRECTOR	2 00	X						0	0	0
(14) WINICK BRAD DIRECTOR	2 00	X						0	0	0
(15) CHENG SUSAN DIRECTOR	2 00	X						0	0	0
(16) KRUSE GENEVIEVE DIRECTOR	2 00	X						0	0	0
(17) MATSON BRUCE DIRECTOR	2 00	X						0	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	429,903	0	0

2 Total number of individuals (including but not limited to those listed in Item 1) 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? <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	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? <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) Name and business address	(B) Description of services	(C) Compensation
QUATRRRO 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

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			
	b	Membership dues	1b			
	c	Fundraising events	1c	19,333		
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	15,596,848		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	540,128		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		16,156,309		
Program Service Revenue	2a		Business Code			
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	10,823		
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	27,932			
c		Gain or (loss)	28,202	403		
d		Net gain or (loss)	-270	-403		
8a		Gross income from fundraising events (not including \$ 19,333 of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses	a	108,884		
c		Net income or (loss) from fundraising events . .	b	58,686		
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses				
c		Net income or (loss) from gaming activities . .				
10a		Gross sales of inventory, less returns and allowances .				
b		Less cost of goods sold	a			
c		Net income or (loss) from sales of inventory . .	b			
	Miscellaneous Revenue	Business Code				
11a	OTHER INCOME	900099	3,467		3,467	
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		3,467			
12	Total revenue. See Instructions		16,220,124	0	0	63,815

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.	12,663,696	12,663,696		
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.	429,671	429,671		
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.	1,487,862	349,056	1,138,806	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	86,033	23,631	62,402	
9	Other employee benefits.	151,143	38,643	112,500	
10	Payroll taxes.	139,355	71,657	67,698	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	4,112		4,112	
c	Accounting.	345,453	72,198	273,255	
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).	29,202		29,202	
12	Advertising and promotion.	44,686		44,686	
13	Office expenses.	37,063	170	36,893	
14	Information technology.	42,813	23,100	19,713	
15	Royalties.				
16	Occupancy.	207,687	42,509	165,178	
17	Travel.	44,900	5,821	39,079	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	51,546	121	51,425	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	19,459		19,459	
23	Insurance.	15,512		15,512	
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	PROJECT COSTS	170,068	161,356	8,712	
b	DUES	15,621	175	15,446	
c	EQUIPMENT MAINTENANCE	15,619		15,619	
d	EQUIPMENT	14,285		14,285	
e	All other expenses	23,571	2,432	21,139	
25	Total functional expenses. Add lines 1 through 24e.	16,039,357	13,884,236	2,155,121	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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			400	1	400
	2	Savings and temporary cash investments			2,738,449	2	4,418,541
	3	Pledges and grants receivable, net			1,752,690	3	1,894,499
	4	Accounts receivable, net			787,782	4	314,475
	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			63,140	9	77,381
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	443,077	48,569	10c	43,110
	b	Less accumulated depreciation	10b	399,967			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			425,657	12	458,519
	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)			5,816,687	16	7,206,925	
Liabilities	17	Accounts payable and accrued expenses			2,363,452	17	1,442,287
	18	Grants payable				18	
	19	Deferred revenue			69,349	19	335,491
	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			2,157,565	25	3,999,113
	26	Total liabilities. Add lines 17 through 25			4,590,366	26	5,776,891
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			1,055,791	27	1,283,046
	28	Temporarily restricted net assets			170,530	28	146,988
	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			1,226,321	33	1,430,034
	34	Total liabilities and net assets/fund balances			5,816,687	34	7,206,925

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	16,220,124
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,039,357
3	Revenue less expenses Subtract line 2 from line 1	3	180,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,226,321
5	Net unrealized gains (losses) on investments	5	22,946
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,430,034

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	2a	No
b	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	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	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?	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

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 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 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 33¹/₃% 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 33¹/₃% 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 | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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.")	15,688,994	15,697,262	15,623,668	15,553,496	16,156,309	78,719,729
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	15,688,994	15,697,262	15,623,668	15,553,496	16,156,309	78,719,729
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						78,719,729

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	15,688,994	15,697,262	15,623,668	15,553,496	16,156,309	78,719,729
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,463	7,261	9,499	7,432	10,823	49,478
9 Net income from unrelated business activities, whether or not the business is regularly carried on	20,623	42,422	42,661	51,806	50,198	207,710
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	1,100	12,210	21,318	12,896	3,467	50,991
11 Total support (Add lines 7 through 10)						79,027,908
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 2012 (line 6, column (f) divided by line 11, column (f))	14	99 610 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	99 630 %
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 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

2012

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization AGEOPTIONS INC	Employer identification number 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 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 function 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-															
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	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?		No	
j	Total. Add 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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. 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

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
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 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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				
d Equipment		443,077	399,967	43,110
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				43,110

Schedule D (Form 990) 2012

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	16,302,958
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	22,946		
b	Donated services and use of facilities	2b	1,202		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	58,686		
e	Add lines 2a through 2d			2e	82,834
3	Subtract line 2e from line 1			3	16,220,124
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	0		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	16,220,124
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	16,099,245
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1,202		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	58,686		
e	Add lines 2a through 2d			2e	59,888
3	Subtract line 2e from line 1			3	16,039,357
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			
c	Add lines 4a and 4b	4c	0		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	16,039,357

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 AGENCY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS CLASSIFIED AS "NOT A PRIVATE FOUNDATION" PURSUANT TO A LETTER FROM THE INTERNAL REVENUE SERVICE DATED SEPTEMBER 30, 1976
PART XI, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO SPECIAL EVENT 58,686
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO SPECIAL EVENT 58,686

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CELEBRATING AGING (event type)	ANNUAL LUNCHEON (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	121,327	6,890	128,217
	2	Less Contributions . .	12,443	6,890	19,333
	3	Gross income (line 1 minus line 2)	108,884		108,884
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .			
	6	Rent/facility costs . .	36,513	3,585	40,098
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	16,618	1,970	18,588
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					50,198

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.

		(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	
	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

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 Enter 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 of the third party

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 Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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OMB No 1545-0047

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

Open to Public Inspection

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

[illegible]

- 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

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 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

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 LINCOLNLAND 3100 MONTVALE DRIVE SPRINGFIELD,IL 62704	37-0981610	501C3	10,905				MEDICARE FRAUD PATROL
AAA OF SOUTHWESTERN ILLINOIS2365 COUNTRY ROAD BELLEVILLE,IL 62221	37-0986597	501C3	45,450				MEDICARE FRAUD PATROL & SENIOR OPTIONS COUNSELING

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
ADDUS HEALTHCARE - HOMEWOOD1125 175TH ST HOMEWOOD,IL 60430	20-5340172		13,788				RESPITE ASSISTANCE FOR CAREGIVERS
ADDUS HEALTHCARE - WESTCHESTER10330 W ROOSEVELT RD STE 206 WESTCHESTER,IL 60154	20-5340172		11,241				RESPITE ASSISTANCE FOR CAREGIVERS

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
AGING CARE CONNECTIONS111 WEST HARRIS AVE LA GRANGE,IL 60526	36-2721289	501C3	511,366				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
ALDEN ORLAND PARK PRAIRIE VILLAGE16450 SOUTH 97TH AVE ORLAND PARK,IL 60467	36-3901683		5,810				RESPITE ASSISTANCE FOR CAREGIVERS

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
ALL TRUST HOME CARE 1900 E GOLFRD SCHAUMBURG,IL 60173	20-3420331		9,424				RESPIRE ASSISTANCE FOR CAREGIVERS
ARAB AMERICAN FAMILY SERVICES9044 S OCTAVIA BURBANK,IL 60455	60-0002593	501C3	47,143				NUTRITION AND SOCIAL SERVICES FOR MINORITY 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
ARDEN COURTS - HAZELCREST3701 WEST 183RD STREET HAZEL CREST,IL 60429	34-1903270		13,690				RESPITE ASSISTANCE FOR CAREGIVERS
ARDEN COURTS - SOUTH HOLLAND2045 EAST 170TH STREET SOUTH HOLLAND,IL 60473	34-1903270		8,325				RESPITE ASSISTANCE FOR CAREGIVERS

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
ARLINGTON LIVING & REHAB CENTER1666 CHECKER ROAD LONG GROVE,IL 60047	36-3872423		5,960				RESPITE ASSISTANCE FOR CAREGIVERS
ASI WORKS7101 WISCONSIN AVE SUITE 1400 BETHESDA,MD 20814	52-2052647	N/A	354,377				VETERANS INDEPENDENCE PROGRAM

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
BLOOM TOWNSHIP SENIOR CITIZENS SERVICE 425 S HALSTED STREET CHICAGO HEIGHTS,IL 60411	36-6009584	501C1	66,521				SOCIAL SERVICES FOR THE ELDERLY, MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
BREMEN TOWNSHIP 16361 S KEDZIE PKWY MARKHAM,IL 60428	36-6006214	501C1	31,632				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
CALUMET TOWNSHIP 12633 S ASHLAND CALUMET PARK,IL 60827	36-6006229	501C1	103,948				NUTRITION SERVICES FOR ELDERLY
CANTATA BRITISH STAYING AT HOME8700 WEST 31ST STREET BROOKFIELD,IL 60513	36-2169132	501C3	8,968				RESPITE ASSISTANCE FOR CAREGIVERS

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
CATHOLIC CHARITIES - NORTH671 S LEWIS AVENUE WAUKEGAN,IL 60085	36-2170821	501C3	41,213				NUTRITION SERVICES FOR ELDERLY
CATHOLIC CHARITIES - SOUTH SUBURBAN SENIOR SERVICES15300 SOUTH LEXINGTON HARVEY,IL 60426	36-2170821	501C3	877,817				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
CATHOLIC CHARITIES-ARL HGHTS1801 W CENTRAL RD ARLINGTON HEIGHTS,IL 60005	36-2170821	501C3	22,949				NUTRITION SERVICES FOR ELDERLY
CATHOLIC CHARITIES-BREMEN15300 SOUTH LEXINGTON HARVEY,IL 60426	36-2170821	501C3	268,513				NUTRITION SERVICES FOR ELDERLY

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CATHOLIC CHARITIES-CALUMET	36-2170821	501C3	490,483				NUTRITION SERVICES FOR ELDERLY
CATHOLIC CHARITIES-HANOVER	36-2170821	501C3	64,167				NUTRITION SERVICES FOR ELDERLY

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CATHOLIC CHARITIES-NW 1801 W CENTRAL RD ARLINGTON HEIGHTS, IL 60005	36-2170821	501C3	450,182				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
CATHOLIC CHARITIES-RICH TOWNSHIP	36-2170821	501C3	108,188				NUTRITION SERVICES FOR ELDERLY

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CATHOLIC CHARITIES-ROBBINS	36-2170821	501C3	27,620				NUTRITION SERVICES FOR ELDERLY
CEDA OF COOK COUNTY 208 S LASALLE 19TH FLR CHICAGO,IL 60604			29,432				NUTRITION SERVICES FOR ELDERLY

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CENTRAL IL AAA700 HAMILTON BOULEVARD PEORIA,IL 61603	37-0983168	501C3	7,000				MEDICARE FRAUD PATROL
CITY OF EVANSTON2100 RIDGE AVENUE EVANSTON,IL 60201	36-6005870	N/A	91,289				SOCIAL, NUTRITION, LONG TERM CARE SERVICES FOR ELDERLY AND PEOPLE WITH DISABILITIES, AND ASSISTANCE FOR FILLING OUT PHARMACEUTICAL ASSISTANCE PROGRAMS

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COALITION OF LIMITED ENGLISH SPEAKING ELDERLY53 W JACKSON BLVD SUITE 1301 CHICAGO,IL 60604	36-3643461	501C3	6,500				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION
COMMUNITY NUTRITION NETWORK208 SOUTH LASALLE ST SUITE 1900 CHICAGO,IL 606041001	36-4394010	501C3	1,715,687				NUTRITION SERVICES FOR ELDERLY

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COUNCIL FOR JEWISH ELDERLY3003 W TOUHY AVENUE CHICAGO,IL 60645	36-2727597	501C3	302,747				SOCIAL AND NUTRTION SERVICES FOR THE ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS
CRESTWOOD CARE CENTER14255 SOUTH CICERO CRESTWOOD,IL 60445			18,016				RESPIRE ASSISTANCE FOR CAREGIVERS

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EAST CENTRAL IL AAA 1003 MAPLE HILL ROAD BLOOMINGTON,IL 61704	37-0982325	501C3	8,000				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH
EGRES 5 DBA SMILE & LOVE75 GAYLORD STREET ELK GROVE VILLAGE,IL 60007	27-2132518		7,261				RESPITE ASSISTANCE FOR CAREGIVERS

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EGYPTIAN AREA AGENCY ON AGING200 E PLAZA DR CARTERVILLE,IL 62918	37-1053330	501C3	7,000				MEDICARE FRAUD PATROL
EUROPEAN SERVICES AT HOME49 WEST SLADE STREET PALATINE,IL 60067	36-4466621		12,027				RESPITE ASSISTANCE FOR CAREGIVERS

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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	40,739				NUTRITION SERVICES FOR ELDERLY

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FRISBIE SENIOR CENTER 515 E THACKER ST DES PLAINES, IL 60016	36-2884456	501C3	42,600				NUTRITION SERVICES FOR ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS
GREATER CHICAGO FOOD DEPOSITORY 4100 WEST ANN LURIE PL CHICAGO, IL 60632	36-2971864	501C3	38,870				NUTRITION SERVICES FOR ELDERLY

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HANOVER TOWNSHIP240 SOUTH ILLINOIS ROUTE 59 BARTLETT,IL 60103	36-2750477	501C3	28,280				SOCIAL SERVICES FOR ELDERLY
HANUL FAMILY ALLIANCE 1166 S ELMHURST ROAD MOUNT PROSPECT,IL 60056	36-3519498	501C3	129,483				SOCIAL SERVICES FOR MINORITY ELDERLY

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HEALTH & DISABILITY ADVOCATES205 W MONROE SUITE 200 CHICAGO,IL 60606	36-4042562	501C3	50,000				MAKE MEDICARE WORK
HEALTH & MEDICINE POLICY RESEARCH29 E MADISON SUITE 602 CHICAGO,IL 606024404	36-3143826	501C3	9,440				MAKE MEDICARE WORK

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HELP AT HOME INC1 N STATE STREET STE 1500 CHICAGO,IL 60606	36-2820808	N/A	9,453				RESPITE ASSISTANCE FOR CAREGIVERS
HOME & HEARTH CAREGIVERS122-B CALENDER AVENUE LA GRANGE,IL 60525	36-4432410	N/A	7,465				RESPITE ASSISTANCE FOR CAREGIVERS

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HOME INSTEAD SENIOR CARE LA GRANGE475 WEST 55TH STREET STE 105 LA GRANGE,IL 60525	65-0971608	N/A	11,437				RESPITE ASSISTANCE FOR CAREGIVERS
KENNETH YOUNG CENTER 1001 ROHLWING RD ELK GROVE VILLAGE,IL 60007	23-7181444	501C3	471,267				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

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LEGAL ASSISTANCE FOUNDATION OF CHICAGO111 E JACKSON 3RD FL CHICAGO,IL 606043502	36-2754650	501C3	883,503				OMBUDSMAN, LEGAL ASSISTANCE FOR ELDERLY, AND LEGAL ASSISTANCE FOR NON-PARENT RELATIVES RAISING CHILDREN
LEYDEN FAMILY SERVICES SENIOR CITIZENS10001 W GRAND AVE FRANKLIN PARK,IL 60131	36-2235147	501C3	83,264				SOCIAL SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

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MA'DEAR HOME SERVICES 44 WEST 162ND STREET SOUTH HOLLAND,IL 60473	36-4212859	N/A	7,599				RESPIRE ASSISTANCE FOR CAREGIVERS
METROPOLITAN ASIAN FAMILY SERVICES7541 N WESTERN CHICAGO,IL 60645	36-3925432	501C3	322,858				SOCIAL SERVICES FOR MINORITY ELDERLY

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MIDLAND AAA434 S POPLAR STREET CENTRALIA,IL 62801	37-0968177	501C3	7,000				MEDICARE FRAUD PATROL
NORTH SHORE SENIOR CENTER161 NORTHFIELD RD NORTHFIELD,IL 60093	36-2366074	501C3	738,609				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

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NORTHEASTERN ILLINOIS AAAPO BOX 809 KANKAKEE,IL 60901	36-2743881	501C3	10,000				MEDICARE FRAUD PATROL
NORTHWESTERN ILLINOIS AAA2576 CHARLES STREET ROCKFORD,IL 61108	36-2742719	501C3	14,000				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH

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OAK PARK TOWNSHIP418 S OAK PARK AVE OAK PARK,IL 60302	36-6006388	501C1	329,595				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
OPEN COMMUNITIES614 LINCOLN AVE FIRST FLOOR WINNETKA,IL 60093	36-2934709	501C3	34,028				SOCIAL SERVICES FOR THE ELDERLY

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OPEN KITCHENS1161 WEST 21ST STREET CHICAGO,IL 60608	36-2668558	N/A	8,333				SOCIAL NUTRITION
OUR LADY OF MT CARMEL 1101 23RD AVE MELROSE PARK,IL 60160	36-2270057	501C3	54,509				NUTRITION SERVICES FOR THE MINORITY ELDERLY

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PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL505 S QUENTIN RD PALATINE,IL 60067	36-2781764	501C3	160,107				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	15,976				RESPIRE ASSISTANCE FOR CAREGIVERS

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PALOS HILLS EXTENDED CARE10426 S ROBERTS RD PALOS HILLS,IL 60465	27-2979337		8,795				RESPIRE ASSISTANCE FOR CAREGIVERS
PLOWS COUNCIL ON AGING7808 W COLLEGE DRIVE SUITE 5E PALOS HEIGHTS,IL 60463	36-2882809	501C3	911,036				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

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PROGRESS CENTER FOR INDEPENDENT LIVING 7521 MADISON FOREST PARK,IL 60130	36-3595485	501C3	23,500				PROVIDE ACCESS TO PUBLIC SUPPORT PROGRAMS FOR ELDERLY AND PEOPLE WITH DISABILITIES, AND PROVIDE MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT
RICH TOWNSHIP22013 GOVERNORS HIGHWAY RICHTON PARK,IL 60471	36-6008440	501C1	44,190				NUTRITION SERVICES FOR ELDERLY

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RIGHT AT HOME - ALGONQUIN409 S MAIN ALGONQUIN,IL 60102	33-1069548	N/A	7,794				RESPITE ASSISTANCE FOR CAREGIVERS
RIGHT AT HOME - ROSELLE 400 WEST LAKE STREET ROSELLE,IL 60172	36-4367015	N/A	5,557				RESPITE ASSISTANCE FOR CAREGIVERS

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RUSH UNIVERSITY MEDICAL CENTER1653 W CONGRESS PARKWAY CHICAGO,IL 60612	36-2174823	501C3	217,306				COMMUNITIES PUTTING PREVENTION TO WORK
SALVATION ARMY4800 N MARINE DRIVE CHICAGO,IL 60640	36-2167909	501C3	68,523				SOCIAL SERVICES FOR THE ELDERLY

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SALVATION ARMY-BLUE ISLAND2900 W BURR OAK AVE BLUE ISLAND,IL 60406	36-2167909	501C3	85,530				NUTRITION SERVICES FOR ELDERLY
SENIORS ASSISTANCE CENTER7774 WIRVING PARK ROAD NORRIDGE,IL 60706	36-2918912	501C3	242,989				SOCIAL AND NUTRITION SERVICES FOR ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

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SHAY HEALTH CARE SERVICES5730 WEST 159TH STREET OAK FOREST,IL 60452	36-3127077	N/A	7,305				RESPITE ASSISTANCE FOR CAREGIVERS
SOLUTIONS FOR CARE 7222 WEST CERMAK ROAD 200 NORTH RIVERSIDE,IL 60546	23-7176798	501C3	381,926				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

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SOUTHEASTERN IL AAA 2365 COUNTRY RD BELLEVILLE,IL 62221	37-0986597	501C3	7,000				MEDICARE FRAUD PATROL
STICKNEY TOWNSHIP OFFICE ON AGING5635 STATE ROAD BURBANK,IL 60459	36-6006465	501C1	290,722				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS

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THORNTON TOWNSHIP SENIOR CENTER333 EAST 162ND STREET SOUTH HOLLAND,IL 60473	36-6006473	501C1	20,340				SOCIAL SERVICES FOR ELDERLY
UNIVERSITY OF ILLINOIS CHICAGO - DEPT OF PHARM PRACTICE833 S WOOD M/C 886 CHICAGO,IL 60612	37-6000511	501C3	39,998				HEALTH PROMOTION SERVICES FOR ELDERLY

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URHAI COMMUNITY SERVICE CENTER2945 W PETERSON AVE S-204 CHICAGO,IL 60659	36-4427299	501C3	20,634				SOCIAL AND NUTRITION SERVICES FOR MINORITY ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS
VILLAGE OF WHEELING2 COMMUNITY BLVD WHEELING,IL 60090	36-6006156	501C1	18,545				NUTRITION SERVICES FOR THE ELDERLY

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VISITING ANGELS - BROOKFIELD9211 OGDEN AVE BROOKFIELD,IL 60513	23-7392059		6,353				RESPITE ASSISTANCE FOR CAREGIVERS
WEST CENTRAL ILLINOIS AAA1125 HAMPSHIRE PO BOX 428 QUINCY,IL 623060428		501C3	7,000				MEDICARE FRAUD PATROL

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WEST SUBURBAN SENIOR SERVICES439 BOHLAND BELLWOOD,IL 60104	36-2759604	501C3	493,767				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
WESTERN ILLINOIS AAA 729 34TH AVENUE ROCK ISLAND,IL 61201	36-2801332	501C3	14,000				ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH

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WHITE CRANE WELLNESS CENTER1355 W FOSTER CHICAGO,IL 60640	36-3719545	501C3	56,417				HEALTH PROMOTION SERVICES FOR ELDERLY
WINDMILL NURSING PAVILLION16000 S WABASH SOUTH HOLLAND,IL 60473	36-3485403	N/A	15,750				RESPIRE ASSISTANCE FOR CAREGIVERS

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
XILIN ASSOCIATION1163 E OGDEN NAPERVILLE,IL 605631687	36-3890616	501C3	153,850				SOCIAL AND NUTRITION SERVICES FOR MINORITY ELDERLY

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

2012

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 appropriate 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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☒ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
	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? If "Yes," to line 5a or 5b, describe in Part III	5b		No
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? If "Yes," to line 6a or 6b, describe in Part III	6b		No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)LAVIN JONATHAN PRESIDENT & CHIEF EXEC	(i)	139,050	8,424	20,231	0	0	167,705	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2012
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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	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 assistance	(d) Type of assistance	(e) Purpose 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	372,865	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

2012

Open to Public
Inspection

Name of the organization AGEOPTIONS INC	Employer identification number 36-2806193
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, PRIOR TO THE OCTOBER BOARD MEETING THE "BOARD OF DIRECTORS/ADVISORY COUNCIL DISC LOSURE 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) T HE BOARD RETAINS THE AUTHORITY TO ESTABLISH COMPENSATION GUIDELINES FOR ANNUAL SALARY AND COMPENSATION REVIEWS THE FINANCE COMMITTEE WILL REVIEW AND APPROVE THE AGENCY BUDGET INCL UDING THE IDENTIFICATION OF RESOURCES FOR COMPENSATION OF EMPLOYEES THE EXECUTIVE COMMITT EE 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 C OMPENSATION 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 TH E CHIEF EXECUTIVE OFFICER OF THE CORPORATION HIRED BY THE BOARD AND SHALL HAVE RESPONSIBIL ITY 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 RES OLUTIONS AND DIRECTIVES OF THE BOARD ARE CARRIED OUT, EXCEPT IN THOSE INSTANCES IN WHICH T HE 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 AN OTHER OFFICER OR AGENT OF THE CORPORATION, THE PRESIDENT, WITH AUTHORITY FROM THE BOARD OR EXECUTIVE COMMITTEE, SHALL SIGN FOR THE CORPORATION ANY AGREEMENTS, APPLICATIONS, CONTRAC TS, DEEDS, MORTGAGES, BONDS OR OTHER INSTRUMENTS AND GRANT AWARDS, OBLIGATING THE CORPORAT ION'S ACTION OR FUNDS IN ADDITION TO THE AUTHORITY CONFERRED ON THE PRESIDENT IN THESE BY LAWS, THE BOARD MAY AUTHORIZE ANY OTHER OFFICER OR OFFICERS, AGENT OR AGENTS, INCLUDING BU T NOT LIMITED TO THE PRESIDENT, TO ENTER INTO ANY CONTRACT OR EXECUTE AND DELIVER ANY INST RUMENT 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 NEC ESSARY 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