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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

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

C Name of organization: Area Agency on Aging 11

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 5555 Youngstown Warren Rd 2nd Floor

Room/suite: 2685

City or town, state or province, country, and ZIP or foreign postal code: Niles OH 44446

D Employer identification number: 34-1194060

E Telephone number: 330-505-2300

G Gross receipts $

F Name and address of principal officer:

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☑ No

If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status: ☑ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.aaa11.org

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1975

M State of legal domicile: oh

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Mission Statement-Area Agency on Aging 11 works with people,community, and organizations to plan and prepare for aging through education,advocacy, and implementation.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	96
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	27,854,270	28,654,287
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,992	16,066
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	651,927	593,155
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	28,532,189	29,263,508
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,912,836	23,253,134
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,225,187	4,702,764
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,292,202	1,154,061
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	28,430,225	29,109,959
19	Revenue less expenses. Subtract line 18 from line 12	101,964	153,549

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,157,486	3,230,915
21	Total liabilities (Part X, line 26)	2,198,319	2,118,199
22	Net assets or fund balances. Subtract line 21 from line 20	959,167	1,112,716

Part II Signature Block

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

Sign Here

Signature of officer — Date 2/25/14

Donald Dockry CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ►			Firm's EIN ►	
Firm's address ►			Phone no	

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2013)

SCANNED MAR 14 2014

18

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

Mission Statement-Area Agency on Aging, Inc works with people, community, and organizations to plan and prepare for aging through education, advocacy, and implementation.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ 16,730,213 including grants of $ 13,141,650) (Revenue $ 16,730,213)

Passport Program

Passport served 1948 seniors/clients. Services included personal care, homemaker, adult day care, and other services.

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

4b (Code:) (Expenses $ 7,170,044 including grants of $ 6,673,531) (Revenue $ 7,170,044)

Assisted Living Program

Assisted Living program served 570 senior/clients.

Individuals enrolled in the Assisted Living program must be able to pay monthly room and board to the facility and medicaid pays a set rate for the package of services the facility offers.

4c (Code:) (Expenses $ 1,520,322 including grants of $ 1,520,322) (Revenue $ 1,519,704)

Title III-C programs

Title -C programs services provided 319,267 meals.

4d Other program services (Describe in Schedule O.)
(Expenses $ 2,257,192 including grants of $ 1,917,631) (Revenue $ 2,257,810)

4e Total program service expenses ▶ 27,677,771

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	✓	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		✓
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		✓
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		✓
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		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
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		✓
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		✓
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		✓
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		✓
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		✓
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		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		✓
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		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		✓
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		✓
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		✓
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		✓
20 a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		✓
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)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	✓	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		✓
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? *If "Yes," complete Schedule J*	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
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? *If "Yes," complete Schedule L, Part III*	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
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? *If "Yes," complete Schedule L, Part IV*	28c		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		✓
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓
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	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . .	1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . .	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	96		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) . .				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country: ▶ ---------- See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			✓
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			✓
7	***Organizations that may receive deductible contributions under section 170(c).***				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			✓
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			✓
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . .	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* .	14b			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response or note to any line 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 . . 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.	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent .	1b	15		
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			✓
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			✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			✓
6	Did the organization have members or stockholders?	6			✓
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			✓
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			✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		✓	
b	Each committee with authority to act on behalf of the governing body?	8b		✓	
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			✓

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		✓
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		✓
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	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	✓	
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14	✓	
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	✓	
b	Other officers or key employees of the organization	15b	✓	
	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		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ 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: ▶ Donald Dockry CFO Youngstown-Warren Road Suite 2685 2nd Floor Niles OH 44446

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (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) Richard Atkinson board president	0	✓		✓				0	0	0
(2) Dwight Beebe board treasurer	0	✓		✓				0	0	0
(3) William Binning	0	✓						0	0	0
(4) Janice Bolchalk	0	✓						0	0	0
(5) Lowgene Carter	0	✓						0	0	0
(6) Ruth Charles	0	✓						0	0	0
(7) James Guy	0	✓						0	0	0
(8) Micheal Halleck	0	✓						0	0	0
(9) PJ Macali	0	✓						0	0	0
(10) Jack O' Connel Vice President	0	✓		✓				0	0	0
(11) Micheal Robinson	0	✓						0	0	0
(12) Daniel Van Dussen	0	✓						0	0	0
(13) Dominic Volpe	0	✓						0	0	0
(14) Gary Williams Secreatry	0	✓		✓				0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (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			
(15) Joseph Rossi CEO	40				✓			98,408		20,465
(16) Donald Dockry CFO	40				✓			74,514		19,117
(17) Anthony Cario COO	40				✓			72,313		19,025
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b **Sub-total** ▶								245,235		58,607
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								245,235		58,607

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

			Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		✓

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

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 ▶

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	28,654,287			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a–1f ▶		28,654,287			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		16,066			
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a	home choice		254,065			
	b	client liabilty		262,524			
	c	senior olympics		26,245			
	d	All other revenue		50,321			
	e	**Total.** Add lines 11a–11d ▶		593,155			
	12	**Total revenue.** See instructions. ▶		29,263,508			

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 or note to any line 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	23,253134	23,253,134		
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	245,235	0	245,235	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . .				
7	Other salaries and wages	2,976,610	2,440,598	536,012	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	143,487	105,443	38,044	
9	Other employee benefits	1,105,573	887,559	218,014	
10	Payroll taxes	231,858	174,425	57,433	
11	Fees for services (non-employees):				
a	Management				
b	Legal	108,073	67,636	40,437	
c	Accounting	17,000	10,765	6,235	
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.) . .				
12	Advertising and promotion	14,512	12,251	2,261	
13	Office expenses	38,562	24,806	13,756	
14	Information technology				
15	Royalties				
16	Occupancy	184,275	110,750	73,525	
17	Travel	319,702	244,383	75,319	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	27,374	17,604	9,770	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	equipment purchases	116,327	80,456	35,871	
b	membership dues	23,612	14,874	8,738	
c	telephone	103,258	80,813	22,445	
d	postage	15,328	10,198	5,130	
e	All other expenses	186,039	142,076	43,963	
25	**Total functional expenses.** Add lines 1 through 24e	29,109,959	27,677,771	1,432,188	
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 or note to any line in this Part X . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	1,362,620	2	1,658,185
	3	Pledges and grants receivable, net	1,585,468	3	1,350,275
	4	Accounts receivable, net		4	
	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	35,697	9	10,030
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities	173,701	11	212,425
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,157,486	16	3,230,915
Liabilities	17	Accounts payable and accrued expenses	309,895	17	351,000
	18	Grants payable	1,888,424	18	1,767,199
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	2,198,319	26	2,118,199
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	959,167	27	1,112,716
	28	Temporarily restricted net assets		28	
	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	959,167	33	1,112,716
	34	Total liabilities and net assets/fund balances	3,157,486	34	3,230,915

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,263,508
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,109,959
3	Revenue less expenses. Subtract line 2 from line 1	3	153,549
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	959,167
5	Net unrealized gains (losses) on investments	5	
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,112,716

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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	✓	
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	✓	
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	✓	
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	✓	
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	✓	

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Area Agency on Aging 11, Inc

Employer identification number

34-1194060

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Comfort Keepers PO box 1552 Youngstown Oh 44501	311508559	na	1712141				personal care
(2) Trumbull Mobile Meals 323 East Market St Warren OH 4483	237137110	5013c	107171				meals
(3) Laurie Ann Home 2200 Milton Blvd Newton Falls OH 44444	341844770	na	154426				personal care
(4) Mahoning Health Dept 2801 Market St Youngstown OH 44507	346001777	na	72365				adult day care
(5) Catholic Carities 2401 Belmont Ave Youngstown OH 44505	340714330	5013c	83673				senior center
(6) Caregivers Health Service 1156 W Western Re Youngstown OH 44504	341876184	na	219381				personal care
(7) Community Home Health 60 N Canfield Rd Austintown OH 44515	341789552	na	208449				personal care
(8) Decor Built Construction 1202 Lincoln SW Shereodville OH 44675	341635338	na	26141				medical equipment
(9) Guardian Medical 1800 W eight mile rd Southfield MI 48075	383432082	na	7490				emergency response
(10) Ohio Valley Home Health 15679 rt 170 Ste B East Liverpool OH 43920	340114198	5013c	483431				personal care
(11) Maximum Healthcare 110 West Western Reserve Poland OH 44514	521590951	na	115619				personal care
(12) Mikouis Home Delivery 840 N Market Lisbon OH 44432	030563467	na	169395				personalcare

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 25

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 143

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Over the Rainbow 110 Windsor Cortland OH 44410	311500314	na	229964				adult day care
(2) Valley Home Health 755 Board Canfiled RD N 1 Boardman OH 44512	731721721	na	203712				personal care
(3) Cambridge Home Health 405 Embassy PK Akron OH 44333	341816108	na	474634				personal care
(4) Priorty Home Health 3904 North Ridge Rd Perry OH 44480	341594309	na	70000				personal care
(5) Sacred Arms 1 South Main St 205 B Columbiana OH 44408	341955908	na	112500				personal care
(6) Liberty Assembly of God 6779 Belmont Ave Girard OH 4420	341378297	na	7516				personal care
(7) Sateri Home 7426 Ron Joy Place Youngstown OH 44512	341243226	na	100687				personal care
(8) ADT Security Systems 32100 US HY 19 N Palm Harbor FL 34664	581814102	na	4459				emergency response
(9) TV Home Health Care 5130 Young Poland RD Young OH 44514	743140459	na	187441				personal care
(10) Loraine Sugical 2080 West 65th St Cleveland OH 44102	341179093	na	317				personal care
(11) Critical Signal Tech 22600 Hagge RD Farmington Hills MI 48335	205117627	na	2662				emergency response
(12) Rural Metro 5171 Canal Rd Cuyahoga Heights OH 44125	341178398	na	423				emergency response

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Lighthouse Home Healthcare 1108 Tod Ave Warren OH 44185	388669327	na	29725				personal care
(2) Santuary Skilled 9025 E 26th St Ashtabula OH 44004	260342593	na	127424				personal care
(3) Complete Healthcare 215 N Market Minerva OH 44657	431963687	na	643				personal care
(4) ActivSTyle 1701 Broadway ST NE Minneapolis MN 55413	411875463	na	118				personal care
(5) Ashtabula Home Health 3499 Jefferson Rd Ashtabula OH 44004	341143158	5013c	161577				personal care
(6) Country Neighbor 39 South Maple St Orwell OH 44076	341331627	5013c	146534				personal care
(7) Mothers Caring Touch 6971 Adams Rd Rogers OH 44485	030451435	na	564231				personal care
(8) Columbiana Office on Aging 785 E State St Salem OH 44460	346000745	na	38064				senior center
(9) Accord Home Services 8381 Market St #3 Boardman OH 44512	201078645	na	501236				personal care
(10) Health Care Bridge 24011 Greenwood Beachwood OH 44122	432030126	na	46843				personal care
(11) Lifeline 111 Lawerence MS 29 Farmington MA 01702	311256847	na	56412				emergyncy response
(12) Salem VNA 2235 E Pershing St Suite A Salem OH 4460	340709901	5013c	63384				personalcare

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 . . . . . ▶

4

SCHEDULE I (Form 990)

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

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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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Joanne's Healthcare 250 Debart Pl #1625 Boardman OH 44512	134214077	na	59650				personal care
(2) Easter Seals 299 Edwards ST Youngstown OH 44502	346004377	5013c	1677515				meals
(3) Caring Hearts Homecare 8182 Plans Rd mentor OH 44060	341503340	na	3456				personal care
(4) Evergreen Healthcare 609 Vienna Ave Niles OH 44456	113702983	na	147915				personal care
(5) Caring Hands 885 S Sawburg Rd Ste 107 Alliance OH 44601	341505340	na	136237				personal care
(6) Miller Rentals 623 Meridian Rd Youngstown OH 44509-1229	341041763	na	19961				medical equipment
(7) Youngstown Contracting 3890 Smith Stewart Youngstown OH 44473	340742712	na	123827				home repair
(8) Companion Care HH 11993 Ravenna Rd 2a Chardon OH 44024	753149663	na	30403				personal care
(9) Cornerstone HH 5611 Market #3 Boardman OH 44512	311696952	na	335698				personal care
(10) Seely Medical 104 Parker Dr Andover OH 44003	341220431	na	56993				medical equipment
(11) Signature Health Services 132 Westchester Austintown OH 44515	204002865	na	23893				personal care
(12) Access to Independence 4960 S Prospect Ravenna OH 44266	341389369	na	20679				personalcare

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 . . . . . ▶

5

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

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2013

Open to Public Inspection

Name of the organization

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Employer identification number

34-1194060

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Homecare with Heart 821 Kent wood Boardman OH 44512	200618346	na	472440				personal care
(2) Community Caregivers 888 BoardmanCanfi Boardman OH 44512	341864840	na	905767				personal care
(3) Heritage Manor 517 Gypsy Lane Youngstown OH 44504	34071442	na	51486				personal care
(4) Antonine Sisters 2675 N lipkey Rd North Jackson OH 44451	341749370	na	296745				adult day care
(5) Nursing Systematix 822 Youngs town Poland Rd Struthers OH 44471	200029162	na	54646				personal care
(6) Equal Access 604 Youngstown Poland Rd Struthers OH 44471	341545387	na	109609				personal care
(7) Boardman Medical Supply 300 N State Girard OH 44420	341360782	na	88683				medical equipment
(8) Help Hotline PO Box 46 Youngstown OH 44501-0046	341196630	na	27748				information
(9) Callos Nursing Systems 5083 Market St 6 Youngstown OH 44512	010591443	na	1254998				personal care
(10) Central Exterminating 3202 St Clair Ave Cleveland OH 44114	340811703	na	1465				pest control
(11) Heritage Home Care 1005 Franklin Ave Toronto OH 43964	340714442	na	54278				personal care
(12) Global Meals 2761 East 4th Ave Columbus OH 43219	331423817	na	107645				meals

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 . . . . . ▶

6

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

Area Agency on Aging 11, Inc

Employer identification number

34-1194060

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Home Care Advantage 718 E 3rd St C Salem OH 44460	341758870	5013c	428529				personal care
(2) Home Care Network 755 Board Man Canfield Boardman OH 44512	311397386	5013c	182524				personal care
(3) Valued Relationships 1400 Commerce Franklin OH 45005	311274364	na	218804				personal care
(4) Primary Nursing Care 2921 Youngstown Rd Warren OH 44483	341786196	na	352518				personal care
(5) Durline Medical 324 Werner St Leipc OH 48556	364057006	na	29825				medical equipment
(6) Mom'sMeals 718 SE Sharfine Dr Ankeny IA 50021	412096639	na	537198				meals
(7) Home Instead 5655 Mahoning Ave Mahoning Austintown OH 44515	341957841	na	-1008				personal care
(8) Info Line 703 South Main #211 Akron OH 44311	341170391	na	87				personal care
(9) Intrepid 1170 East Broad Suite 101 Elyria OH 44035	341479650	na	18894				personal care
(10) Senior Independence 1110 5th Ave Youngstown OH 44504	344429863	5013c	235203				adult day care
(11) Western Reserve 12250 Chillict Rd Chesterland OH 44026	043696982	na	105205				meals
(12) Medscope Amercia 259 E Lancaster Ave # 101 Wynnewood PA 19096	232991908	na	803				personalcare

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 . . . . . ▶

7

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) Shawn Barnhart 2458 E Turkey Foot Lake Rd Akron OH 44312	201412052	na	1317				personal care
(2) Simply EZ HDM 1130 A Damar Akron OH 44505	261666185	na	210173				meals
(3) Coleman Professional 552 N Park Ave Warren OH 44481	341240178	na	16740				personal care
(4) Home Care Delivered 4144 Innslake Dr Glenn Allen VA 23060	541818883	na	176				personal care
(5) Anrea Pieton 50 Cheyenne Dr Girard OH 44420	292762334	na	6105				personal care
(6) A&A Medical Supply 8221 E Washington St Chargrin Falls OH 44023	203205538	na	120				medical supplies
(7) Haven Home Care 11366 Cleveland Ave Suite 8 Cleveland OH 44685	341864840	na	49442				personal care
(8) Embassy Homecare 5625 Emerald Ridge PW Solon OH 44139	274172678	na	38515				personal care
(9) Bed Bug Burner 305 Adam Ave SW New Philiadelphia OH 44669	472721037	na	20102				pest control
(10) Moriarty Consultants 16 Wick Ave Ste 801 Youngstown OH 44503	841660820	na	8059				personal care
(11) Ashtabula CAA 2009 W Prospect Ashtabula OH 44004	341059824	5013c	373863				meals
(12) Trumbull County Elderly 2959 Yo Warren Rd SE Warren OH 44484	346002841	na	524944				meals

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

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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(1) Celtic Healthcare 3550 Belmont Ave Suite 7 Youngstown OH 44505	371565554	na	8692				meals
(2) CAA of Columbiana Cty 7880 Lincole Pl Lisbon OH 44432	346565185	501c3	87276				transportation
(3) Ashtabula Council Aging 4632 Main Ave Ashtabula OH 44004	237263183	5013c	23074				senior center
(4) Ashtabula Cty Trans 25 West Jefferson St Jefferson OH 44047	341095126	na	40296				transportation
(5) Village of Jefferson 27 East Jefferson Jefferson OH 44047	346001508	na	8518				transportation
(6) Associated Neighborhood 1649 Jacobs Rd Youngstopwn OH 44505	340714812	5013c	13548				transportation
(7) MYCAP 101 Federal Plaza St 200 Youngstown OH 44503	340969202	na	12504				transportation
(8) Compass Family Services 535 Marmion Ave Youngstown OH 44502	340713662	na	28897				protective services
(9) City of Girard 100 West Main St Girard OH 44420	346001227	na	9607				transportation
(10) Guardianship Protective 197 W Market St Warren OH 44481	202115144	5013c	28705				protective services
(11) Area Agency On Aging 11 5555 Yo Warren Rd Niles OH 44446	341194060	5013c	135081				ombudsman
(12) Ashtabula County Legal Aid 121 E Walnut ST Jefferson OH 44047	340866026	5013c	14299				legal services

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9

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) Community Legal 50 S Main St Suite 8th Fl Akron OH 44308	340753560	5013c	38888				legal services
(2) Hands on Volunteer 5500 Market Youngstown OH 44512	341593908	5013c	3833				volunteer
(3) Family Community PO Box 413 Lisbon OH 44432	341902451	5013c	7666				volunteer
(4) Community Commons 1340 Mahoning Ave NW Warren OH 44483	340899610	na	255869				assisted living
(5) Lisbon Nursing Care Center 100 Vista Dr Lisbon OH 44432	200322973	na	211891				assisted living
(6) Sanctuary of Geneva 200 Commerce Place Geneva OH 44041	341971153	na	134019				assistedliving
(7) EDL dba Briarfield Manor 461 S Canfield Niles Austintown OH 44515	200415171	na	113598				assisted living
(8) Villa at the Lake 48 Parish Rd Conneaut OH 44030	312621969	na	293351				assisted living
(9) Briarfield at Ridge 3389 Main St Mineral Ridge OH 44440	204202829	na	184904				assisted living
(10) Park Vista 1216 Fifth Ave Youngstown OH	344429863	na	290318				assisted living
(11) Inn at Christine Valley 3150 S Schenley Youngstown OH 44511	341893248	na	83700				assisted living
(12) Sateri Home 830 Boardman Canfield Youngstown OH 44512	341243226	na	103801				assisted living

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10

SCHEDULE I (Form 990)

Department of the Treasury
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(1) Manor aAutumn Hills 2567 Niles Rd Niles OH 44446	311504242	na	65384				assisted Living
(2) Terreforme Enterprises 596 Champion Ave W Warren OH 44483	341820874	na	333249				assisted living
(3) Crosswood BeaverCreek 13280 Echo Dell Rd E Liverpool OH 43920	201505447	na	328585				assisted living
(4) Marian Living Center 9800 Market St North Lima OH 44452	341013695	na	131191				assisted living
(5) Humility House 755 Ohltown Rd Austintown OH 44515	341894783	na	133835				assisted living
(6) Allen Dell Assisted Living 2200 Milton Newton Falls OH 44444	341470851	na	181480				assisted living
(7) Victoria House 6295 Asley Circle Austintown OH 44514	571206749	na	32387				assisted living
(8) Liberty Arms 1353 Churchill Hubbard Rd Youngstown OH 44506	341571472	na	344163				assisted living
(9) Grace Woods 730 Youngstown Warren Rd Niles OH 44446	201824940	na	577438				assisted living
(10) Grace Woods Salem 1166 Benton Rd Salem OH 44460	201824940	na	239272				assisted living
(11) Country Club Retirement Center 925 E 26th Ashtabula OH 44004	341424223	na	552713				assisted living
(12) Levy Gardens 517 Gypsy Lane Youngstown OH 44504	340714442	na	150990				assisted living

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(1) Omni West 3259 Vestal Rd Youngstown OH 44509	341571472	na	874913				assisted living
(2) Copeland Oaks 8005 15th St Sebring OH 44672	340941565	na	151241				assisted living
(3) Brooksdale Senior Living 330 N Washbush !400 Chicago Il 60611	391771281	na	101215				assisted living
(4) Orion Austinburg 2026 State Rt 45 Austinburg OH 44010	260240140	na	218607				assisted living
(5) Meridian Arms Living Center 650 S merdian Youngstown OH 44509	582337900	na	225296				assisted living
(6) Woodsland Assited Living 1525 E Western Reserve Poland OH 44514	271692427	na	9547				assisted living
(7) Omni Manor Windsor 5240 Windsor Way N Middletown Oh 44482	341274356	na	272521				assisted living
(8) Lake Vista of Cortland 303 N Mecca St Cortland OH 44410	344429863	na	35734				assisted living
(9) Cleveland Are Alzheimer's 12200 Farhill Rd Cleveland OH 44120	341311175	na	9321				alzheimers
(10) Greater Yo Alz 3736 Board Can PO Box 321 Canfiled OH 44406	341454446	na	45524				alzheimers
(11) Interfaith Home Maint 317 Via Mt Carmel Youngstown OH 44505	341219024	na	81250				home repair
(12) City of Newton Falls 19 N Canal St Newton Falls OH 44444	346002022	na	10131				transportation

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

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12

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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(1) Assoc for Gerontology 1220 L Street NW #901 Wasington DC2005	521256181	5013c	5000				information
(2) TAPN PO Box 256 Brookfield OH 44403	205433563	5013c	5000				information
(3) MAPN- 535 Marmion Ave Youngstown OH 44520	340713662	5013c	5060				information
(4) Trumbull Ct Acton Program1230 Palmyra Rd Warren OH 44485	340967140	5013c	3584				transportation
(5) Girard Multi Generational 443 Trumbull Ave Girard OH 44420	341937126	5013c	15057				senior center
(6) Cardinal Electric Power 5984 W South Range Rd Salem OH 44460	800427555	na	3870				home repair
(7) Nick Hornbeck Construction8637 Howard Srpings Warren OH 44484	320402794	na	3890				home repair
(8) Titan Contruction 3827 Mahoning Ave Austintown OH 44515	346750823	na	2100				home repair
(9) Shepard of the Valley 1500 McKinley Ave Niles OH 44446	341147594	na	26130				assisted living
(10) Market St Inn Glenellen 1419 Board Canf 500 Boardman OH 44512	454910026	na	14192				assisted living
(11) Allens Pharmacy 520 Gypsy Lane PO Box 2208 Yo OH 44504	341655429	na	18874				pharmacy
(12)							

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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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

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Name of the organization	Employer Identification number
Area Agency on Aging 11 Inc	34-1194060

Part III -Other services provided by agencies funded by AAA 11 include Title III-B, III-D, III- E, Senior Community Services- Providing personal care, homemaker, transportation, senio centers. Grants were made to Alzheimer's and RSVP.

Part VI line 11b- Copy of tax return is available to Board Members who request a copy

Part VI 12 c -Enployees and Board memebers complete a Conflict of Interest form annually.

Part VI line 15b -Board of Trustees reviews salary compenation of CEO.

Part VI line 19- documents made available upon request

Part VII column B- Board meets once amonth except for August.