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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 By law, the IRS generally cannot redact the information on the form

▶ 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 10-01-2013 , 2013, and ending 09-30-2014**

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

**C** Name of organization
AGEOPTIONS INC

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
OAK PARK, IL 60301

**D Employer identification number**
36-2806193

E Telephone number
(708) 383-0258

**G** Gross receipts $ 17,868,079

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

**H(a)** Is this a group return for 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 AGEOPTIONS ORG

**K** Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 1974

**M** State of legal domicile IL

## Part I Summary

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

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

Activities & Governance

| | | | |
|---|---|---|---|
| **3** | Number of voting members of the governing body (Part VI, line 1a) | **3** | 19 |
| **4** | Number of independent voting members of the governing body (Part VI, line 1b) | **4** | 19 |
| **5** | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | **5** | 140 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | 91 |
| **7a** | Total unrelated business revenue from Part VIII, column (C), line 12 | **7a** | 0 |
| **b** | Net unrelated business taxable income from Form 990-T, line 34 | **7b** | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| **8** | Contributions and grants (Part VIII, line 1h) | 16,156,309 | 17,547,686 |
| **9** | Program service revenue (Part VIII, line 2g) | 0 | 28,715 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 10,150 | 22,300 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 53,665 | 125,064 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 16,220,124 | 17,723,765 |
| **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 12,663,696 | 14,281,299 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 2,294,064 | 2,481,142 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶ 51,095 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 1,081,597 | 870,249 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 16,039,357 | 17,632,690 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 180,767 | 91,075 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| **20** | Total assets (Part X, line 16) | 7,206,925 | 4,196,823 |
| **21** | Total liabilities (Part X, line 26) | 5,776,891 | 2,670,715 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 1,430,034 | 1,526,108 |

## 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**

****** | 2015-05-28
Signature of officer | Date

JONATHAN LAVIN PRESIDENT & CHIEF EXECUTIVE OFFICER
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| BRYAN PAUTSCH | | | | P00034913 |

Firm's name ▶ SIKICH LLP — Firm's EIN ▶ 36-3168081

Firm's address ▶ 1415 W DIEHL RD SUITE 400
NAPERVILLE, IL 605632349 — Phone no (630) 566-8400

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

## Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 8,042,827 including grants of $ 7,275,142 ) (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 523,062 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 2014, 145,030 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 $ 1,715,977 including grants of $ 1,715,977 ) (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 2014, THERE WERE 2,286 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 NEARLY 45% OF ALL CASES

**4c** (Code ) (Expenses $ 807,585 including grants of $ 806,796 ) (Revenue $ )

AGEOPTIONS WAS AWARDED A CONTRACT WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) THROUGH THE COMMUNITY-BASED CARE TRANSITIONS PROGRAM (CCTP) TO WORK WITH COMMUNITY PARTNERS TO PROVIDE HOSPITAL CARE TRANSITIONS SERVICES TO MEDICARE FEE FOR SERVICE BENEFICIARIES WHO WERE BEING DISCHARGED FROM SIX (6) AREA HOSPITALS AGEOPTIONS SUBCONTRACTED THE MAIN ACTIVITIES FOR THIS PROGRAM TO SIX AGENCIES WHO UTILIZED THE EVIDENCE-BASED CARE TRANSITIONS PROGRAM, BRIDGE AGEOPTIONS WAS THE PRIMARY CONTACT WITH CMS FOR THE PROGRAM, PROVIDED TECHNICAL ASSISTANCE, MONITORED ACITIVITIES AND PERFORMANCE AND COLLECTED, SUBMITTED ALL DATA TO CMS AND PROCESSED PAYMENTS IN 2014, 2,246 PEOPLE WERE SERVED DATA ANALYSIS SHOWED THAT THIS PROGRAM PREVENTED UNNECESSARY HOSPITAL READMISSION AND REDUCED CMS SPENDING

(Code ) (Expenses $ 4,856,440 including grants of $ 4,483,384 ) (Revenue $ 28,715 )

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 $ 4,856,440 including grants of $ 4,483,384 ) (Revenue $ 28,715 )

**4e** **Total program service expenses** ▶ 15,422,829

## 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | No |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)* | 17 | | No |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | No |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | No |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | No |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **21** | Did the organization report more than $5,000 of grants 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** | Yes | |
| **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** | | 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? *If "Yes," complete Schedule J* | **23** | Yes | |
| **24a** | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **25a** | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **26** | 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** | | 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? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **28** | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV* | **28c** | Yes | |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **33** | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | **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)? *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** | | No |
| **37** | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **38** | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 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** | 8 | | |
| **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** | 140 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | **2b** | | Yes | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . | **3a** | | | No |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" 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** | | | No |
| **b** | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | |
| **5a** | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . | **5a** | | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | **5b** | | | No |
| **c** | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . . | **5c** | | | |
| **6a** | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . | **6a** | | | No |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . | **6b** | | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . | **7a** | | Yes | |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . . | **7b** | | Yes | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . | **7c** | | | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | **7d** | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | **7e** | | | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | **7f** | | | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | **7g** | | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | **7h** | | | |
| **8** | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . | **8** | | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** | Did the organization make any taxable distributions under section 4966? . . . . . | **9a** | | | |
| **b** | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . . | **9b** | | | |
| **10** | **Section 501(c)(7) organizations.** Enter | | | | |
| **a** | Initiation fees and capital contributions included on Part VIII, line 12 . . . | **10a** | | | |
| **b** | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | **10b** | | | |
| **11** | **Section 501(c)(12) organizations.** Enter | | | | |
| **a** | Gross income from members or shareholders . . . . . | **11a** | | | |
| **b** | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . . | **11b** | | | |
| **12a** | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | **12a** | | | |
| **b** | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . . | **12b** | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O | **13a** | | | |
| **b** | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . | **13b** | | | |
| **c** | Enter the amount of reserves on hand . . . . . | **13c** | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | **14a** | | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | **14b** | | | |

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

Check if Schedule O contains a response 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 . . . . . | **1a** | 19 | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | | |
| **b** | Enter the number of voting members included in line 1a, above, who are independent . . . . . | **1b** | 19 | | |
| **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 603011055 (708) 383-0258

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

Check if Schedule O contains a response 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, 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) O'CONNOR JOHN<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (2) BOUSKY TRACY<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (3) COONDA MARY E<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (4) GAGLIARDO JOSEPH<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (5) GORDON MURRAY<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (6) HOWE-HRACH KATHLEEN<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (7) KARUTZ FREDERICK<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (8) MOORE DONNA<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (9) PEACHEY KIRSTEN<br>VICE CHAIRPERSON | 2 00 | X | | | | | | 0 | 0 | 0 |
| (10) PERRY ANTHONY<br>CHAIRPERSON | 4 00 | X | | | | | | 0 | 0 | 0 |
| (11) ROZYCKI CARLA<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (12) SIEGEL LINDA<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (13) WELLS ELIZABETH<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (14) WINICK BRAD<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (15) CHENG SUSAN<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (16) KRUSE GENEVIEVE<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (17) MATSON BRUCE<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (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 | | | |
| (18) LENNON ROSLYN<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (19) DAVIS THEODORE<br>DIRECTOR | 2 00 | X | | | | | | 0 | 0 | 0 |
| (20) LAVIN JONATHAN<br>PRESIDENT & CHIEF EXEC | 35 00 | | | X | | | | 164,862 | 0 | 0 |
| (21) SLEZAK DIANE<br>VICE PRES & CHIEF OPER | 35 00 | | | X | | | | 142,391 | 0 | 0 |
| (22) BAUER KIMBERLY<br>DIR OF PLANNING & GRANTS | 35 00 | | | X | | | | 122,515 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
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| | | | | | | | | | | |

| | | | | |
|---|---|---|---|---|
| **1b** | **Sub-Total** ▶ | | | |
| **c** | **Total from continuation sheets to Part VII, Section A** ▶ | | | |
| **d** | **Total (add lines 1b and 1c)** ▶ | 429,768 | 0 | 0 |

**2** Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 3

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| QUATRRO FPO SOLUTIONS 8401 102ND STREET SUITE 500 PLEASANT PRAIRIE WI 53158 | FINANCIAL SERVICES | 330,000 |
| | | |
| | | |
| | | |
| | | |

**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 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 | 11,470 | | | |
| | d | Related organizations . . . | 1d | | | | |
| | e | Government grants (contributions) | 1e | 16,881,667 | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 654,549 | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | | 17,547,686 | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | TRAINING | 611600 | 28,715 | 28,715 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | | 28,715 | | | |
| | 3 | Investment income (including dividends, interest, and other similar amounts) . . . . . ▶ | | 12,948 | | | 12,948 |
| | 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 | 140,002 | | | | |
| | b | Less cost or other basis and sales expenses | 130,386 | 264 | | | |
| | c | Gain or (loss) | 9,616 | -264 | | | |
| | d | Net gain or (loss) . . . . . ▶ | | | 9,352 | | | 9,352 |
| Other Revenue | 8a | Gross income from fundraising events (not including $ 11,470 of contributions reported on line 1c) See Part IV, line 18 . . a | 0 | | | | |
| | b | Less direct expenses . . . b | 13,664 | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | | -13,664 | | | -13,664 |
| | 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 | OTHER INCOME | 900099 | 138,728 | | | 138,728 |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue . . . . | | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | | 138,728 | | | |
| | 12 | **Total revenue.** See Instructions . . . . . ▶ | | 17,723,765 | 28,715 | 0 | 147,364 |

## 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 | 14,279,874 | 14,279,874 | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | 1,425 | 1,425 | | |
| 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 . . . . | 410,277 | 410,277 | | |
| 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 | 1,513,973 | 380,019 | 1,133,954 | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . | | | | |
| 9 Other employee benefits . . . . . | 418,453 | 123,463 | 294,990 | |
| 10 Payroll taxes . . . . . | 138,439 | 51,131 | 87,308 | |
| 11 Fees for services (non-employees) | | | | |
| a Management . . . . . | | | | |
| b Legal . . . . . | | | | |
| c Accounting . . . . . | 29,274 | 101 | 29,173 | |
| 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) . . . . . | 380,696 | 89,986 | 290,710 | |
| 12 Advertising and promotion . . . . | 6,172 | | 6,172 | |
| 13 Office expenses . . . . . | 14,813 | 6,369 | 8,444 | |
| 14 Information technology . . . . . | 52,568 | | 52,568 | |
| 15 Royalties . . | | | | |
| 16 Occupancy . . . . . | 215,401 | 22,077 | 193,324 | |
| 17 Travel . . . . . | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . | | | | |
| 19 Conferences, conventions, and meetings . . . . | 27,122 | 1,410 | 25,712 | |
| 20 Interest . . . . . | | | | |
| 21 Payments to affiliates . . . . . | | | | |
| 22 Depreciation, depletion, and amortization . . . . . | 18,500 | | 18,500 | |
| 23 Insurance . . . . . | 16,421 | 51 | 16,295 | 75 |
| 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 SUPPLIES | 45,177 | 3,573 | 41,604 | |
| b EQUIPMENT | 29,722 | | 29,722 | |
| c DUES | 16,853 | | 16,853 | |
| d PROJECT COSTS | 10,204 | 10,204 | | |
| e All other expenses | 7,326 | 42,869 | -86,563 | 51,020 |
| 25 **Total functional expenses.** Add lines 1 through 24e | 17,632,690 | 15,422,829 | 2,158,766 | 51,095 |
| 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 | 400 | 1 | 472 |
| | 2 | Savings and temporary cash investments | 4,418,541 | 2 | 931,831 |
| | 3 | Pledges and grants receivable, net | 1,894,499 | 3 | 2,602,339 |
| | 4 | Accounts receivable, net | 314,475 | 4 | 7,895 |
| | 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 | 77,381 | 9 | 126,485 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 452,419 | | | |
| | b | Less accumulated depreciation — 10b: 410,656 | 43,110 | 10c | 41,763 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities See Part IV, line 11 | 458,519 | 12 | 486,038 |
| | 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) | 7,206,925 | 16 | 4,196,823 |
| Liabilities | 17 | Accounts payable and accrued expenses | 1,442,287 | 17 | 2,217,333 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | 335,491 | 19 | 374,880 |
| | 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 | 3,999,113 | 25 | 78,502 |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 5,776,891 | 26 | 2,670,715 |
| 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 | 1,283,046 | 27 | 1,302,133 |
| | 28 | Temporarily restricted net assets | 146,988 | 28 | 223,975 |
| | 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 | 1,430,034 | 33 | 1,526,108 |
| | 34 | Total liabilities and net assets/fund balances | 7,206,925 | 34 | 4,196,823 |

## Part XI Reconcilliation 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 | 17,723,765 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 17,632,690 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 91,075 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,430,034 |
| 5 | Net unrealized gains (losses) on investments | 5 | 4,999 |
| 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 | 1,526,108 |

## 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? | 2a | | No |
| | 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 | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | Yes | |
| | 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 | | | |
| 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? | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | 3b | Yes | |

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# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2013**

**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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

**a** ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

**e** ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

**f** If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

**g** Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | 15,697,262 | 15,623,668 | 15,553,496 | 16,156,309 | 17,547,686 | 80,578,421 |
| 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 | 15,697,262 | 15,623,668 | 15,553,496 | 16,156,309 | 17,547,686 | 80,578,421 |
| 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 | | | | | | 80,578,421 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 15,697,262 | 15,623,668 | 15,553,496 | 16,156,309 | 17,547,686 | 80,578,421 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 7,261 | 9,499 | 7,432 | 10,823 | 12,948 | 47,963 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 42,422 | 42,661 | 51,806 | 50,198 | | 187,087 |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | 12,210 | 21,318 | 12,896 | 3,467 | 138,728 | 188,619 |
| 11 **Total support** (Add lines 7 through 10) | | | | | | 81,002,090 |

| | | | |
|---|---|---|---|
| 12 | Gross receipts from related activities, etc (see instructions) | 12 | 28,715 |

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 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 99 480 % |
| 15 | Public support percentage for 2012 Schedule A, Part II, line 14 | 15 | 99 610 % |

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

**Part III** **Support Schedule for Organizations Described in 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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from **2012** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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 | | |
|---|---|---|
| | | |
| Return Reference | Explanation | |

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# SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

## Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2013**

**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 | Employer identification number |
|---|---|
| AGEOPTIONS INC | 36-2806193 |

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

1 Provide a description of the organization's direct and indirect political campaign activities 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 | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |

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

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

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

| Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (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) Yes | (a) No | (b) Amount |
|---|---|---|---|---|
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | Yes | | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | Yes | | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | | No | |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | 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

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

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

**Part IV Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
| | |
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**SCHEDULE D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

**2013**

**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 | 2a |
| b | Total acreage restricted by conservation easements | 2b |
| c | Number of conservation easements on a certified historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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 ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

## Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part 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 | (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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

## Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 | | 452,419 | 410,656 | 41,763 |
| e Other | | | | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 41,763 |

**Part VII** **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) MUTUAL FUNDS | 486,038 | F |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 12 )* ▶ | 486,038 | |

**Part VIII** **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 13 )* ▶ | | |

**Part IX** **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

**Part X** **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1 (a) Description of liability | (b) Book value |
|---|---|
| Federal income taxes | |
| OTHER LIABILITIES | -12,861 |
| ACCRUED VACATION | 91,363 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25 )* ▶ | 78,502 |

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 17,812,359 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| a | Net unrealized gains on investments | 2a | 4,999 | | |
| b | Donated services and use of facilities | 2b | 69,931 | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | 13,664 | | |
| e | Add lines **2a** through **2d** | | | 2e | 88,594 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 17,723,765 |
| 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 | 17,723,765 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 17,716,285 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| a | Donated services and use of facilities | 2a | 69,931 | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII ) | 2d | 13,664 | | |
| e | Add lines **2a** through **2d** | | | 2e | 83,595 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 17,632,690 |
| 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 | 17,632,690 |

**Part XIII Supplemental Information**

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

| Return Reference | Explanation |
|---|---|
| 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 THE AGENCY FOLLOWS THE AUTHORITATIVE GUIDANCE ISSUED BY THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET THIS GUIDANCE ALSO ADDRESSES DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION THE AGENCY CONDUCTS BUSINESS SOLELY IN THE U S AND, AS A RESULT, FILES INFORMATIONAL TAX RETURNS FOR U S AND ILLINOIS IN THE NORMAL COURSE OF BUSINESS, THE AGENCY IS SUBJECT TO EXAMINATION BY TAXING AUTHORITIES THE AGENCY'S TAX RETURNS FOR YEARS SUBSEQUENT TO FISCAL YEAR 2010 ARE OPEN, BY STATUTE, FOR REVIEW BY AUTHORITIES HOWEVER, AT PRESENT, THERE ARE NO ONGOING INCOME TAX AUDITS OR UNRESOLVED DISPUTES WITH THE VARIOUS TAX AUTHORITIES THAT THE AGENCY CURRENTLY FILES OR HAS FILED WITH |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | DIRECT EXPENSES RELATED TO SPECIAL EVENT 13,664 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | DIRECT EXPENSES RELATED TO SPECIAL EVENT 13,664 |
| | |
| | |
| | |
| | |

**Part XIII Supplemental Information *(continued)***

| Return Reference | Explanation |
|---|---|
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**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
AGEOPTIONS INC

**Employer identification number**
36-2806193

## Part I General Information on Grants and Assistance

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

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

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

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

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 |
|---|---|---|---|---|---|
| | | | | | |
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**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

## Additional Data

**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 |
|---|---|---|---|---|---|---|---|
| A CARING PLACE<br>1048 S ARLINGTON HEIGHTS<br>ELK GROVE VILLAGE,IL 60007 | 36-3032291 | N/A | 940 | | | | 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 |
|---|---|---|---|---|---|---|---|
| AAA FOR LINCOLNLAND<br>3100 MONTVALE DRIVE<br>SPRINGFIELD,IL 62704 | 37-0981610 | 501C3 | 6,000 | | | | MEDICARE FRAUD PATROL |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| AAA OF SOUTHWESTERN ILLINOIS<br>2365 COUNTRY ROAD<br>BELLEVILLE,IL 62221 | 37-0986597 | 501C3 | 32,000 | | | | 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 |
|---|---|---|---|---|---|---|---|
| ACCU-SCREEN<br>410 S WARE BLVD STE 607<br>TAMPA,FL 33619 | | N/A | 625 | | | | PROGRAM BACKGROUND CHECK VENDOR |

**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 |
|---|---|---|---|---|---|---|---|
| ADDOLORATA VILLA<br>555 MCHENRY ROAD<br>WHEELING,IL 60090 | 36-4114117 | N/A | 1,400 | | | | 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 |
|---|---|---|---|---|---|---|---|
| ADDUS HOMECARE - CHICAGO<br>1156 MOMENTUM PLACE<br>CHICAGO,IL 60689 | 20-5340172 | N/A | 47,871 | | | | 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 |
|---|---|---|---|---|---|---|---|
| ADDUS HEALTHCARE - HOMEWOOD<br>1125 175TH ST<br>HOMEWOOD,IL 60430 | 20-5340172 | | 6,494 | | | | 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 |
|---|---|---|---|---|---|---|---|
| ADDUS HEALTHCARE - PALATINE<br>2401 S PLUM GROVE RD<br>PALATINE,IL 60067 | 20-5340172 | N/A | 616 | | | | 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 |
|---|---|---|---|---|---|---|---|
| ADDUS HEALTHCARE - WESTCHESTER<br>10330 W ROOSEVELT RD<br>STE 206<br>WESTCHESTER, IL 60154 | 20-5340172 | | 19,848 | | | | 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 |
|---|---|---|---|---|---|---|---|
| ADVOCATE OLDER ADULT SERVICES<br>9375 CHURCH STREET<br>DES PLAINES,IL 60016 | 36-2167779 | N/A | 1,050 | | | | 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 CONNECTIONS<br>111 WEST HARRIS AVE<br>LA GRANGE,IL 60526 | 36-2721289 | 501C3 | 786,237 | | | | 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 |

**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 |
|---|---|---|---|---|---|---|---|
| ALDEN ORLAND PARK PRAIRIE VILLAGE<br>16450 SOUTH 97TH AVE<br>ORLAND PARK,IL 60467 | 36-3901683 | | 7,205 | | | | 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 |
|---|---|---|---|---|---|---|---|
| ALIVIO MEDICAL CENTER<br>966 WEST 21TH STREET<br>CHICAGO,IL 60608 | 36-3661051 | 501C3 | 3,837 | | | | ORO LATINO SOCIAL SERVICES |

**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<br>1900 E GOLF RD<br>SCHAUMBURG,IL 60173 | 20-3420331 | | 5,403 | | | | 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 |
|---|---|---|---|---|---|---|---|
| ARAB AMERICAN FAMILY SERVICES<br>9044 S OCTAVIA<br>BURBANK,IL 60455 | 60-0002593 | 501C3 | 49,310 | | | | 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 - HAZELCREST<br>3701 WEST 183RD STREET<br>HAZEL CREST,IL 60429 | 34-1903270 | | 15,355 | | | | 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 |
|---|---|---|---|---|---|---|---|
| ARDEN COURTS - SOUTH HOLLAND<br>2045 EAST 170TH STREET<br>SOUTH HOLLAND,IL<br>60473 | 34-1903270 | | 9,065 | | | | 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 CENTER<br>1666 CHECKER ROAD<br>LONG GROVE,IL 60047 | 36-3872423 | | 4,645 | | | | 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 |
|---|---|---|---|---|---|---|---|
| ASI WORKS<br>7101 WISCONSIN AVE<br>SUITE 1400<br>BETHESDA,MD 20814 | 52-2052647 | N/A | 305,846 | | | | 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 |
|---|---|---|---|---|---|---|---|
| BEST CARE SERVICES<br>600 22ND STREET STE 301<br>OAK BROOK,IL 60523 | | N/A | 570 | | | | 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 |
|---|---|---|---|---|---|---|---|
| BLOOM TOWNSHIP SENIOR CITIZENS SERVICE<br>425 S HALSTED STREET<br>CHICAGO HEIGHTS,IL<br>60411 | 36-6009584 | 501C1 | 50,448 | | | | SOCIAL SERVICES FOR THE ELDERLY, MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT, 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 |
|---|---|---|---|---|---|---|---|
| BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN UW-MADISON GAR ACCT OFFICE FOR RESEARCH SPONSORED PROGRAMS DRAWER MILWAUKEE,WI 53278 | 39-1946077 | 501C3 | 20,000 | | | | CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| BREMEN TOWNSHIP<br>16361 S KEDZIE PKWY<br>MARKHAM,IL 60428 | 39-1946077 | 501C1 | 32,830 | | | | 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 |
|---|---|---|---|---|---|---|---|
| CANDACE ZANON<br>1411 BURR OAK STREET<br>HINSDALE,IL 60521 | | | 175 | | | | TAKE CHARGE OF YOUR HEALTH |

**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<br>12633 S ASHLAND<br>CALUMET PARK,IL 60827 | 36-6006229 | 501C1 | 100,283 | | | | 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 |
|---|---|---|---|---|---|---|---|
| CANTATA BRITISH STAYING AT HOME<br>8700 WEST 31ST STREET<br>BROOKFIELD,IL 60513 | 36-2169132 | 501C3 | 21,391 | | | | 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-ARL HGHTS<br>1801 W CENTRAL RD<br>ARLINGTON HEIGHTS, IL 60005 | 36-2170821 | 501C3 | 28,852 | | | | 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 |
|---|---|---|---|---|---|---|---|
| CATHOLIC CHARITIES-BREMEN<br>15300 SOUTH LEXINGTON<br>HARVEY,IL 60426 | 36-2170821 | 501C3 | 316,764 | | | | 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 |
|---|---|---|---|---|---|---|---|
| CATHOLIC CHARITIES-CALUMET | 36-2170821 | 501C3 | 525,555 | | | | 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 |
|---|---|---|---|---|---|---|---|
| CATHOLIC CHARITIES-HANOVER | 36-2170821 | 501C3 | 53,109 | | | | 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 |
|---|---|---|---|---|---|---|---|
| CATHOLIC CHARITIES - NORTH<br>671 S LEWIS AVENUE<br>WAUKEGAN,IL 60085 | 36-2170821 | 501C3 | 45,045 | | | | 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 |
|---|---|---|---|---|---|---|---|
| CATHOLIC CHARITIES-NW<br>1801 W CENTRAL RD<br>ARLINGTON HEIGHTS, IL<br>60005 | 36-2170821 | 501C3 | 578,477 | | | | 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 |

**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-RICH TOWNSHIP | 36-2170821 | 501C3 | 112,435 | | | | 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 |
|---|---|---|---|---|---|---|---|
| CATHOLIC CHARITIES - SOUTH SUBURBAN SENIOR SERVICES<br>15300 SOUTH LEXINGTON<br>HARVEY,IL 60426 | 36-2170821 | 501C3 | 1,079,352 | | | | 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 |
|---|---|---|---|---|---|---|---|
| CEDA OF COOK COUNTY<br>208 S LASALLE 19TH FLR<br>CHICAGO,IL 60604 | 36-2597741 | | 27,141 | | | | 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 |
|---|---|---|---|---|---|---|---|
| CENTRAL IL AAA<br>700 HAMILTON BOULEVARD<br>PEORIA,IL 61603 | 37-0983168 | 501C3 | 6,000 | | | | MEDICARE FRAUD PATROL |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CHICAGO DEPT OF FAMILY & SUPPORT<br>333 STATE STREET ROOM 2111<br>CHICAGO,IL 60604 | | | 40,000 | | | | MEDICARE FRAUD PATROL |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CICERO AREA PROJECT<br>5243B W 25TH STREET<br>CICERO,IL 60804 | 27-1378569 | 501C3 | 5,675 | | | | CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| COALITION OF LIMITED ENGLISH SPEAKING ELDERLY<br>53 W JACKSON BLVD<br>SUITE 1301<br>CHICAGO,IL 60604 | 36-3643461 | 501C3 | 22,075 | | | | ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION |

**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 |
|---|---|---|---|---|---|---|---|
| COMMUNITY NUTRITION NETWORK<br>208 SOUTH LASALLE ST<br>SUITE 1900<br>CHICAGO,IL 606041001 | 36-4394010 | 501C3 | 2,078,306 | | | | 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 |
|---|---|---|---|---|---|---|---|
| COMFORT KEEPERS - WOOD DALE<br>185 HANSON COURT<br>SUITE 120<br>WOOD DALE,IL 60191 | | N/A | 2,668 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| COUNCIL FOR JEWISH ELDERLY<br>3003 W TOUHY AVENUE<br>CHICAGO,IL 60645 | 36-2727597 | 501C3 | 454,627 | | | | SOCIAL AND NUTRTION SERVICES FOR THE ELDERLY, AND HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| COVENANT UNITED CHURCH OF CHRIST ATTN REV RHONDA J BARNES 1130 EAST 154TH STREET SOUTH HOLLAND,IL 60473 | | CHURCH | 500 | | | | CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CRESTWOOD CARE CENTER<br>14255 SOUTH CICERO<br>CRESTWOOD,IL 60445 | | | 13,608 | | | | 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 |
|---|---|---|---|---|---|---|---|
| EAST CENTRAL IL AAA<br>1003 MAPLE HILL ROAD<br>BLOOMINGTON,IL 61704 | 37-0982325 | 501C3 | 4,000 | | | | ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH |

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

| **(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 |
|---|---|---|---|---|---|---|---|
| EGRES 5 DBA SMILE & LOVE<br>75 GAYLORD STREET<br>ELK GROVE VILLAGE, IL 60007 | 27-2132518 | | 6,811 | | | | 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 |
|---|---|---|---|---|---|---|---|
| EGYPTIAN AREA AGENCY ON AGING<br>200 E PLAZA DR<br>CARTERVILLE,IL 62918 | 37-1053330 | 501C3 | 6,000 | | | | MEDICARE FRAUD PATROL |

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

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|---|---|---|---|---|---|---|---|
| ELMWOOD CARE CENTER<br>7733 W GRAND AVE<br>ELMWOOD PARK, IL 60635 | | | 600 | | | | 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 |
|---|---|---|---|---|---|---|---|
| EUROPEAN SERVICES AT HOME<br>49 WEST SLADE STREET<br>PALATINE,IL 60067 | 36-4466621 | | 15,387 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| EVANSTON CITY OF<br>ATTN NANCY FLOWERS<br>2100 RIDGE<br>AVENUE<br>EVANSTON,IL 60201 | 36-6005870 | EVANSTON | 90,623 | | | | SOCIAL, NUTRITION, LONG TERM CARE SERVICES FOR ELDERLY AND PEOPLE WITH DISABILITIES, AND ASSISTANCE FOR FILLING OUT PHARMACEUTICAL ASSISTANCE PROGRAMS |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| FAITH CATHEDRAL CHURCH<br>3100 S CHARLES ROAD<br>BELLWOOD,IL 60104 | 02-0584052 | CHURCH | 2,636 | | | | CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| FORD HEIGHTS COMMUNITY SERVICE<br>943 E LINCOLN HIGHWAY<br>FORD HEIGHTS,IL 60411 | 36-2658308 | 501C3 | 61,033 | | | | 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 |
|---|---|---|---|---|---|---|---|
| FRISBIE SENIOR CENTER<br>515 E THACKER ST<br>DES PLAINES,IL 60016 | 36-2884456 | 501C3 | 34,441 | | | | NUTRITION SERVICES FOR 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 |
|---|---|---|---|---|---|---|---|
| GLENVIEW TERRACE NURSING CENTER 1511 GREENWOOD ROAD GLENVIEW,IL 60025 | | N/A | 1,200 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| GREATER CHICAGO FOOD DEPOSITORY<br>4100 WEST ANN LURIE PL<br>CHICAGO,IL 60632 | 36-2971864 | 501C3 | 34,128 | | | | NUTRITION SERVICES FOR ELDERLY |

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

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|---|---|---|---|---|---|---|---|
| HANOVER TOWNSHIP<br>240 SOUTH ILLINOIS<br>ROUTE 59<br>BARTLETT,IL 60103 | 36-2750477 | 501C3 | 87,675 | | | | SOCIAL 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 |
|---|---|---|---|---|---|---|---|
| HANUL FAMILY ALLIANCE<br>1166 S ELMHURST ROAD<br>MOUNT PROSPECT,IL<br>60056 | 36-3519498 | 501C3 | 134,131 | | | | SOCIAL SERVICES FOR MINORITY ELDERLY |

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

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|---|---|---|---|---|---|---|---|
| HARMONY INFORMATION SYSTEMS<br>PO BOX 205319<br>DALLAS,TX 75320 | 54-1914165 | N/A | 720 | | | | SENIOR SOCIAL SERVICES TRACKING SOFTWARE PROVIDER |

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

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|---|---|---|---|---|---|---|---|
| HCR MANOR CARE<br>512 EAST OGDEN AVE<br>WESTMONT,IL 60559 | | N/A | 1,000 | | | | 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 |
|---|---|---|---|---|---|---|---|
| HEALTH & DISABILITY ADVOCATES<br>205 W MONROE SUITE 200<br>CHICAGO,IL 60606 | 36-4042562 | 501C3 | 50,000 | | | | MAKE MEDICARE WORK |

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

| **(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 |
|---|---|---|---|---|---|---|---|
| HEALTH & MEDICINE POLICY RESEARCH<br>29 E MADISON SUITE 602<br>CHICAGO,IL 606024404 | 36-3143826 | 501C3 | 17,811 | | | | MAKE MEDICARE WORK |

**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 |
|---|---|---|---|---|---|---|---|
| HEART TO HEARTS<br>SENIOR DAY CENTER<br>15851 PARKHILL DRIVE<br>ORLAND PARK,IL 60462 | | N/A | 1,300 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| HELP AT HOME INC<br>1 N STATE STREET STE 1500<br>CHICAGO,IL 60606 | 36-2820808 | N/A | 10,665 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| HOME & HEARTH CAREGIVERS<br>122-B CALENDER AVENUE<br>LA GRANGE,IL 60525 | 36-4432410 | N/A | 7,435 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| HOME HELPERS<br>123 E OGDEN AVENUE<br>SUITE 102A<br>HINSDALE,IL 60521 | | N/A | 1,439 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| HOME INSTEAD ELK GROVE<br>450 E HIGGINS ROAD<br>SUITE 202<br>ELK GROVE VILLAGE,IL 60007 | | N/A | 2,548 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| HOME INSTEAD SENIOR CARE LA GRANGE<br>475 WEST 55TH STREET<br>STE 105<br>LA GRANGE,IL 60525 | 65-0971608 | N/A | 9,264 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| HOME INSTEAD OAK PARK<br>6901 WEST NORTH<br>AVENUE SUITE 1F<br>OAK PARK,IL 60302 | | N/A | 580 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| HOME INSTEAD PALOS HEIGHTS<br>12400 S HARLEM AVENUE<br>SUITE 201<br>PALOS HEIGHTS,IL 60463 | | N/A | 115 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| HOME SWEET HOME CARE<br>72 S LA GRANGE ROAD<br>LA GRANGE,IL 60525 | | N/A | 3,159 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| HOMEWATCH CAREGIVERS<br>900 SKOKIE BLVD STE 126<br>NORTHBROOK,IL 60062 | | N/A | 12,209 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| INNOVATIVE DATA SYSTEMS<br>710 N COLLEGE AVE STE B<br>WARRENSBURG, MO 64093 | | N/A | 3,630 | | | | SENIOR SOCIAL SERVICES TRACKING SOFTWARE PROVIDER |

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

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|---|---|---|---|---|---|---|---|
| JA FOOD SERVICE<br>455 POST ROAD<br>BUCHANAN,MI 49107 | 38-3099998 | N/A | 194,965 | | | | SHELF STABLE MEAL PROVIDER |

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

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|---|---|---|---|---|---|---|---|
| KENNETH YOUNG CENTER<br>1001 ROHLWING RD<br>ELK GROVE VILLAGE,IL<br>60007 | 23-7181444 | 501C3 | 636,405 | | | | 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 |
|---|---|---|---|---|---|---|---|
| KIZER MEMORIAL COGIC<br>ATTN ELDER HARVEY LOVE<br>15001<br>PAULINA AVENUE<br>HARVEY,IL 60426 | | | 500 | | | | CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY |

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

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|---|---|---|---|---|---|---|---|
| LEGAL ASSISTANCE FOUNDATION OF CHICAGO<br>111 E JACKSON 3RD FL<br>CHICAGO,IL 606043502 | 36-2754650 | 501C3 | 879,245 | | | | OMBUDSMAN, LEGAL ASSISTANCE FOR ELDERLY, AND LEGAL ASSISTANCE FOR NON-PARENT RELATIVES RAISING CHILDREN |

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

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|---|---|---|---|---|---|---|---|
| LEYDEN FAMILY SERVICES<br>SENIOR CITIZENS<br>10001 W GRAND AVE<br>FRANKLIN PARK,IL 60131 | 36-2235147 | 501C3 | 101,104 | | | | SOCIAL SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS |

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

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|---|---|---|---|---|---|---|---|
| LOUIS S VIVERITO SENIOR CENTER<br>7745 S LEAMINGTON<br>BURBANK,IL 60459 | | | 30 | | | | SENIOR SOCIAL SERVICE CENTER |

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

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|---|---|---|---|---|---|---|---|
| LUTHERAN HOME & SERVICES<br>800 WEST OAKTON<br>ARLINGTON HEIGHTS, IL<br>60004 | 36-3375902 | 501C3 | 3,049 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| MA'DEAR HOME SERVICES<br>44 WEST 162ND STREET<br>SOUTH HOLLAND,IL<br>60473 | 36-4212859 | N/A | 7,285 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| METROPOLITAN ASIAN FAMILY SERVICES<br>7541 N WESTERN<br>CHICAGO,IL 60645 | 36-3925432 | 501C3 | 174,025 | | | | SOCIAL SERVICES FOR MINORITY ELDERLY |

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

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|---|---|---|---|---|---|---|---|
| METROPOLITAN FAMILY SERVICES<br>5210 MAIN STREET<br>SKOKIE,IL 60077 | | | 200,943 | | | | SENIOR ELDER ABUSE PREVENTION & EDUCATION |

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

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|---|---|---|---|---|---|---|---|
| MIDLAND AAA<br>434 S POPLAR STREET<br>CENTRALIA,IL 62801 | 37-0968177 | 501C3 | 6,000 | | | | MEDICARE FRAUD PATROL |

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

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|---|---|---|---|---|---|---|---|
| NEIGHBORHOOD UNITED METHODIST<br>1817-19 WASHINGTON BLVD<br>MAYWOOD,IL 60153 | 36-6067368 | CHURCH | 4,000 | | | | CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY |

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

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|---|---|---|---|---|---|---|---|
| NORTHEASTERN ILLINOIS AAA<br>PO BOX 809<br>KANKAKEE,IL 60901 | 36-2743881 | 501C3 | 17,500 | | | | MEDICARE FRAUD PATROL |

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

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|---|---|---|---|---|---|---|---|
| NORTHWESTERN ILLINOIS AAA<br>2576 CHARLES STREET<br>ROCKFORD,IL 61108 | 36-2742719 | 501C3 | 10,000 | | | | ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH |

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

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|---|---|---|---|---|---|---|---|
| NORTH SHORE SENIOR CENTER<br>161 NORTHFIELD RD<br>NORTHFIELD,IL 60093 | 36-2366074 | 501C3 | 723,333 | | | | 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**

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|---|---|---|---|---|---|---|---|
| OAK PARK TOWNSHIP<br>418 S OAK PARK AVE<br>OAK PARK,IL 60302 | 36-6006388 | 501C1 | 348,549 | | | | SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS |

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|---|---|---|---|---|---|---|---|
| OPEN COMMUNITIES<br>614 LINCOLN AVE FIRST FLOOR<br>WINNETKA,IL 60093 | 36-2934709 | 501C3 | 37,989 | | | | SOCIAL SERVICES FOR THE ELDERLY |

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

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|---|---|---|---|---|---|---|---|
| OUR LADY OF MT CARMEL<br>1101 23RD AVE<br>MELROSE PARK,IL 60160 | 36-2270057 | 501C3 | 59,194 | | | | NUTRITION SERVICES FOR THE MINORITY ELDERLY |

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

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|---|---|---|---|---|---|---|---|
| PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL<br>505 S QUENTIN RD<br>PALATINE,IL 60067 | 36-2781764 | 501C3 | 179,232 | | | | SOCIAL AND NUTRITION SERVICES FOR ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS |

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

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|---|---|---|---|---|---|---|---|
| PALOS AREA TRANSPORTATION SERVICES FOR THE ELDERLY<br>10426 S ROBERTS RD<br>PALOS HILLS,IL 60465 | 81-0556995 | 501C1 | 16,653 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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|---|---|---|---|---|---|---|---|
| PALOS HILLS EXTENDED CARE<br>10426 S ROBERTS RD<br>PALOS HILLS,IL 60465 | 27-2979337 | | 6,075 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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|---|---|---|---|---|---|---|---|
| PALOS TOWNSHIP<br>10802 SOUTH ROBERTS RD<br>PALOS HILLS,IL 60465 | | | 1,250 | | | | SENIOR HEALTH INSURANCE PROGRAM |

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

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|---|---|---|---|---|---|---|---|
| PECK BLOOM<br>105 W ADAMS ST FL 31<br>CHICAGO,IL 60603 | | N/A | 17,386 | | | | LEGAL ASSISTANCE |

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

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|---|---|---|---|---|---|---|---|
| PLOWS COUNCIL ON AGING<br>7808 W COLLEGE DRIVE<br>SUITE 5E<br>PALOS HEIGHTS,IL<br>60463 | 36-2882809 | 501C3 | 1,109,411 | | | | 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<br>7521 MADISON<br>FOREST PARK,IL 60130 | 36-3595485 | 501C3 | 17,500 | | | | PROVIDE ACCESS TO PUBLIC SUPPORT PROGRAMS FOR ELDERLY AND PEOPLE WITH DISABILITIES, AND PROVIDE MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT |

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

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|---|---|---|---|---|---|---|---|
| RICH TOWNSHIP<br>22013 GOVERNORS HIGHWAY<br>RICHTON PARK,IL 60471 | 36-6008440 | 501C1 | 44,517 | | | | NUTRITION SERVICES FOR ELDERLY |

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|---|---|---|---|---|---|---|---|
| RIGHT AT HOME - ALGONQUIN<br>409 S MAIN<br>ALGONQUIN,IL 60102 | 33-1069548 | N/A | 6,741 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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

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|---|---|---|---|---|---|---|---|
| RIGHT AT HOME - ROSELLE<br>400 WEST LAKE STREET<br>ROSELLE,IL 60172 | 36-4367015 | N/A | 7,025 | | | | RESPITE ASSISTANCE FOR CAREGIVERS |

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|---|---|---|---|---|---|---|---|
| RUSH UNIVERSITY MEDICAL CENTER 1653 W CONGRESS PARKWAY CHICAGO,IL 60612 | 36-2174823 | 501C3 | 345,542 | | | | COMMUNITIES PUTTING PREVENTION TO WORK |

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

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|---|---|---|---|---|---|---|---|
| SALVATION ARMY<br>4800 N MARINE DRIVE<br>CHICAGO,IL 60640 | 36-2167909 | 501C3 | 70,372 | | | | SOCIAL SERVICES FOR THE ELDERLY |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| SALVATION ARMY-BLUE ISLAND<br>2900 W BURR OAK AVE<br>BLUE ISLAND,IL 60406 | 36-2167909 | 501C3 | 68,745 | | | | 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 |
|---|---|---|---|---|---|---|---|
| SENIORS ASSISTANCE CENTER<br>7774 W IRVING PARK ROAD<br>NORRIDGE,IL 60706 | 36-2918912 | 501C3 | 259,547 | | | | SOCIAL AND NUTRITION SERVICES FOR ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| SENIORS CLUB<br>7040 CENTENNIAL DRIVE<br>TINLEY PARK,IL 60477 | | | 1,595 | | | | 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 |
|---|---|---|---|---|---|---|---|
| SENIOR SERVICES ASSOCIATES<br>101 SOUTH GROVE AVE<br>ELGIN,IL 60120 | 36-2775102 | 501C3 | 3,000 | | | | MEDICARE FRAUD PATROL |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| SHAWNEE HEALTH SERVICES<br>6355 BRANDHORST DRIVE<br>CARTERVILLE,IL 60452 | 37-0966854 | 501C3 | 1,302 | | | | SENIOR SOCIAL SERVICES TRACKING SOFTWARE PROVIDER |

**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 |
|---|---|---|---|---|---|---|---|
| SHAY HEALTH CARE SERVICES<br>5730 WEST 159TH STREET<br>OAK FOREST,IL 60452 | 36-3127077 | N/A | 22,725 | | | | 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 |
|---|---|---|---|---|---|---|---|
| SOLUTIONS FOR CARE<br>7222 WEST CERMAK ROAD<br>200<br>NORTH RIVERSIDE,IL<br>60546 | 23-7176798 | 501C3 | 459,388 | | | | SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND PROVIDE MEDICARE EDUCATION, OUTREACH, AND POLICY DEVELOPMENT, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS, AND CENSUS OUTREACH |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| SOUTHEASTERN IL AAA<br>2365 COUNTRY RD<br>BELLEVILLE,IL 62221 | 37-0986597 | 501C3 | 6,000 | | | | MEDICARE FRAUD PATROL |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| STICKNEY TOWNSHIP OFFICE ON AGING<br>5635 STATE ROAD<br>BURBANK,IL 60459 | 36-6006465 | 501C1 | 365,956 | | | | SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, AND ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| THORNTON TOWNSHIP SENIOR CENTER 333 EAST 162ND STREET SOUTH HOLLAND,IL 60473 | 36-6006473 | 501C1 | 28,027 | | | | SOCIAL SERVICES FOR ELDERLY |

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

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|---|---|---|---|---|---|---|---|
| UNIVERSITY OF ILLINOIS CHICAGO - DEPT OF PHARM PRACTICE 833 S WOOD M/C 886 CHICAGO,IL 60612 | 37-6000511 | 501C3 | 25,000 | | | | HEALTH PROMOTION 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 |
|---|---|---|---|---|---|---|---|
| URHAI COMMUNITY SERVICE CENTER<br>2945 W PETERSON AVE S-204<br>CHICAGO,IL 60659 | 36-4427299 | 501C3 | 22,374 | | | | SOCIAL AND NUTRITION 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 |
|---|---|---|---|---|---|---|---|
| VILLAGE OF WHEELING<br>2 COMMUNITY BLVD<br>WHEELING,IL 60090 | 36-6006156 | 501C1 | 23,907 | | | | NUTRITION SERVICES FOR THE ELDERLY |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| VISITING ANGELS - BROOKFIELD<br>9211 OGDEN AVE<br>BROOKFIELD,IL 60513 | 20-0135316 | | 3,914 | | | | 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 |
|---|---|---|---|---|---|---|---|
| VISITING ANGELS -<br>HICKORY HILLS<br>7667 WEST 95TH STREET<br>SUITE 105<br>HICKORY HILLS,IL 60457 | | | 2,724 | | | | 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 |
|---|---|---|---|---|---|---|---|
| WEST CENTRAL ILLINOIS AAA<br>1125 HAMPSHIRE PO BOX 428<br>QUINCY,IL 623060428 | 23-7392059 | 501C3 | 6,000 | | | | MEDICARE FRAUD PATROL |

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

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code section if applicable | **(d)** Amount of cash grant | **(e)** Amount of non-cash assistance | **(f)** Method of valuation (book, FMV, appraisal, other) | **(g)** Description of non-cash assistance | **(h)** Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| WESTERN ILLINOIS AAA<br>729 34TH AVENUE<br>ROCK ISLAND,IL 61201 | 36-2801332 | 501C3 | 10,000 | | | | ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION AND CENSUS OUTREACH |

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

| **(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 |
|---|---|---|---|---|---|---|---|
| WHITE CRANE WELLNESS CENTER<br>1355 W FOSTER<br>CHICAGO,IL 60640 | 36-3719545 | 501C3 | 57,000 | | | | HEALTH PROMOTION 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 |
|---|---|---|---|---|---|---|---|
| WINDMILL NURSING PAVILLION<br>16000 S WABASH<br>SOUTH HOLLAND,IL<br>60473 | 36-3485403 | N/A | 3,875 | | | | 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 |
|---|---|---|---|---|---|---|---|
| XILIN ASSOCIATION<br>1163 E OGDEN<br>NAPERVILLE,IL<br>605631687 | 36-3890616 | 501C3 | 162,802 | | | | SOCIAL AND NUTRITION SERVICES FOR MINORITY ELDERLY |

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**Schedule J** (Form 990)

Department of the Treasury
Internal Revenue Service

# Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization
AGEOPTIONS INC

**Employer identification number**
36-2806193

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax idemnification and gross-up payments | ☐ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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 directors, trustees, officers, including 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 | ☐ Written employment contract | | |
| | ☐ Independent compensation consultant | ☐ Compensation survey or study | | |
| | ☐ Form 990 of other organizations | ☑ Approval by the board or compensation committee | | |
| **4** | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization | | | |
| **a** | Receive a severance payment or change-of-control payment? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.** | | | |
| **5** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of | | | |
| **a** | The organization? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | If "Yes," to line 5a or 5b, describe in Part III | | | |
| **6** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of | | | |
| **a** | The organization? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | If "Yes," to line 6a or 6b, describe in Part III | | | |
| **7** | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in 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<br>PRESIDENT & CHIEF EXEC | (i)<br>(ii) | 139,050<br>0 | 6,257<br>0 | 19,555<br>0 | 0<br>0 | 0<br>0 | 164,862<br>0 | 0<br>0 |

## Part III Supplemental Information

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

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

OMB No 1545-0047

**2013**

**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? To | From | (e) Original principal amount | (f) Balance due | (g) In default? Yes | No | (h) Approved by board or committee? Yes | No | (i) Written agreement? 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 | 459,388 | GRANTS FOR SERVICES PROVIDED TO SENIORS | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

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

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Name of the organization
AGEOPTIONS INC

**Employer identification number**
36-2806193

## 990 Schedule O, Supplemental Information

| 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<br>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<br>WILL CARRY OUT THE RESPONSIBILITIES AS OUTLINED IN THE BY-LAWS (SEE SECTION 3 5 BELOW) T<br>HE BOARD RETAINS THE AUTHORITY TO ESTABLISH COMPENSATION GUIDELINES FOR ANNUAL SALARY AND<br>COMPENSATION REVIEWS THE FINANCE COMMITTEE WILL REVIEW AND APPROVE THE AGENCY BUDGET INCL<br>UDING THE IDENTIFICATION OF RESOURCES FOR COMPENSATION OF EMPLOYEES THE EXECUTIVE COMMITT<br>EE WILL REVIEW AND APPROVE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEES<br>ANNUALLY IT WILL BE A GOAL TO CONDUCT COMPREHENSIVE COMPENSATION REVIEWS AND REVIEW THE C<br>OMPENSATION PHILOSOPHY AT A MINIMUM OF EVERY FIVE YEARS AND MORE FREQUENTLY, AS THE BOARD<br>DESIRES EXCERPT FROM AGEOPTIONS BY-LAWS SECTION 3 5 PRESIDENT THE PRESIDENT SHALL BE TH<br>E CHIEF EXECUTIVE OFFICER OF THE CORPORATION HIRED BY THE BOARD AND SHALL HAVE RESPONSIBIL<br>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<br><br>THE DIRECTION AND CONTROL OF THE BOARD, HE/SHE SHALL BE IN CHARGE OF ENSURING THAT THE RES<br>OLUTIONS AND DIRECTIVES OF THE BOARD ARE CARRIED OUT, EXCEPT IN THOSE INSTANCES IN WHICH T<br>HE BOARD OR THESE BY-LAWS ASSIGN THAT RESPONSIBILITY TO SOME OTHER PERSON EXCEPT IN THOSE<br>INSTANCES IN WHICH THE BOARD EXPRESSLY DELEGATES THE EXCLUSIVE AUTHORITY TO EXECUTE TO AN<br>OTHER OFFICER OR AGENT OF THE CORPORATION, THE PRESIDENT, WITH AUTHORITY FROM THE BOARD OR<br>EXECUTIVE COMMITTEE, SHALL SIGN FOR THE CORPORATION ANY AGREEMENTS, APPLICATIONS, CONTRAC<br>TS, DEEDS, MORTGAGES, BONDS OR OTHER INSTRUMENTS AND GRANT AWARDS, OBLIGATING THE CORPORAT<br>ION'S ACTION OR FUNDS IN ADDITION TO THE AUTHORITY CONFERRED ON THE PRESIDENT IN THESE BY<br>LAWS, THE BOARD MAY AUTHORIZE ANY OTHER OFFICER OR OFFICERS, AGENT OR AGENTS, INCLUDING BU<br>T NOT LIMITED TO THE PRESIDENT, TO ENTER INTO ANY CONTRACT OR EXECUTE AND DELIVER ANY INST<br>RUMENT IN THE NAME OF AND ON BEHALF OF THE CORPORATION, AND SUCH AUTHORITY MAY BE GENERAL<br>OR CONFINED TO SPECIFIC INSTANCES THE PRESIDENT SHALL EMPLOY AND DIRECT ALL PERSONNEL NEC<br>ESSARY FOR THE CONDUCT AND WORK OF THE CORPORATION AND SHALL PERFORM SUCH OTHER DUTIES AS<br>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 |