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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.**2014****Open to Public Inspection**

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Area Agency on Aging 11, Inc
	Doing business as
	Number and street (or P O box if mail is not delivered to street address) Room/suite 5555 Youngstown Warren Rd 2nd Floor 2685
	City or town, state or province, country, and ZIP or foreign postal code Niles OH 44446
	F Name and address of principal officer
D Employer identification number 34-1194060	
E Telephone number 330-505-2300	
G Gross receipts \$	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
L Year of formation	
M State of legal domicile oh	

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Mission Statement-Area Agency on Aging 11 works with people, community, and organizations to plan and prepare for aging through education, advocacy, and implementation.</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5 109
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 28,654,287 Current Year 23,201,278
	9	Program service revenue (Part VIII, line 2g)	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,066 26,082
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	593,155 512,290
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,263,508 23,739,650
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	22,253,134 16,343,723
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,702,764 5,456,842
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–11i, 12a–12d, 12f–12i, 13a–13d, 13f–13i, 14a–14d, 14f–14i, 15a–15d, 15f–15i, 16a–16d, 16f–16i, 17a–17d, 17f–17i, 18a–18d, 18f–18i, 19a–19d, 19f–19i, 20a–20d, 20f–20i, 21a–21d, 21f–21i, 22a–22d, 22f–22i, 23a–23d, 23f–23i, 24a–24d, 24f–24i, 25a–25d, 25f–25i, 26a–26d, 26f–26i, 27a–27d, 27f–27i, 28a–28d, 28f–28i, 29a–29d, 29f–29i, 30a–30d, 30f–30i, 31a–31d, 31f–31i, 32a–32d, 32f–32i, 33a–33d, 33f–33i, 34a–34d, 34f–34i, 35a–35d, 35f–35i, 36a–36d, 36f–36i, 37a–37d, 37f–37i, 38a–38d, 38f–38i, 39a–39d, 39f–39i, 40a–40d, 40f–40i, 41a–41d, 41f–41i, 42a–42d, 42f–42i, 43a–43d, 43f–43i, 44a–44d, 44f–44i, 45a–45d, 45f–45i, 46a–46d, 46f–46i, 47a–47d, 47f–47i, 48a–48d, 48f–48i, 49a–49d, 49f–49i, 50a–50d, 50f–50i, 51a–51d, 51f–51i, 52a–52d, 52f–52i, 53a–53d, 53f–53i, 54a–54d, 54f–54i, 55a–55d, 55f–55i, 56a–56d, 56f–56i, 57a–57d, 57f–57i, 58a–58d, 58f–58i, 59a–59d, 59f–59i, 60a–60d, 60f–60i, 61a–61d, 61f–61i, 62a–62d, 62f–62i, 63a–63d, 63f–63i, 64a–64d, 64f–64i, 65a–65d, 65f–65i, 66a–66d, 66f–66i, 67a–67d, 67f–67i, 68a–68d, 68f–68i, 69a–69d, 69f–69i, 70a–70d, 70f–70i, 71a–71d, 71f–71i, 72a–72d, 72f–72i, 73a–73d, 73f–73i, 74a–74d, 74f–74i, 75a–75d, 75f–75i, 76a–76d, 76f–76i, 77a–77d, 77f–77i, 78a–78d, 78f–78i, 79a–79d, 79f–79i, 80a–80d, 80f–80i, 81a–81d, 81f–81i, 82a–82d, 82f–82i, 83a–83d, 83f–83i, 84a–84d, 84f–84i, 85a–85d, 85f–85i, 86a–86d, 86f–86i, 87a–87d, 87f–87i, 88a–88d, 88f–88i, 89a–89d, 89f–89i, 90a–90d, 90f–90i, 91a–91d, 91f–91i, 92a–92d, 92f–92i, 93a–93d, 93f–93i, 94a–94d, 94f–94i, 95a–95d, 95f–95i, 96a–96d, 96f–96i, 97a–97d, 97f–97i, 98a–98d, 98f–98i, 99a–99d, 99f–99i, 100a–100d, 100f–100i, 101a–101d, 101f–101i, 102a–102d, 102f–102i, 103a–103d, 103f–103i, 104a–104d, 104f–104i, 105a–105d, 105f–105i, 106a–106d, 106f–106i, 107a–107d, 107f–107i, 108a–108d, 108f–108i, 109a–109d, 109f–109i, 110a–110d, 110f–110i, 111a–111d, 111f–111i, 112a–112d, 112f–112i, 113a–113d, 113f–113i, 114a–114d, 114f–114i, 115a–115d, 115f–115i, 116a–116d, 116f–116i, 117a–117d, 117f–117i, 118a–118d, 118f–118i, 119a–119d, 119f–119i, 120a–120d, 120f–120i, 121a–121d, 121f–121i, 122a–122d, 122f–122i, 123a–123d, 123f–123i, 124a–124d, 124f–124i, 125a–125d, 125f–125i, 126a–126d, 126f–126i, 127a–127d, 127f–127i, 128a–128d, 128f–128i, 129a–129d, 129f–129i, 130a–130d, 130f–130i, 131a–131d, 131f–131i, 132a–132d, 132f–132i, 133a–133d, 133f–133i, 134a–134d, 134f–134i, 135a–135d, 135f–135i, 136a–136d, 136f–136i, 137a–137d, 137f–137i, 138a–138d, 138f–138i, 139a–139d, 139f–139i, 140a–140d, 140f–140i, 141a–141d, 141f–141i, 142a–142d, 142f–142i, 143a–143d, 143f–143i, 144a–144d, 144f–144i, 145a–145d, 145f–145i, 146a–146d, 146f–146i, 147a–147d, 147f–147i, 148a–148d, 148f–148i, 149a–149d, 149f–149i, 150a–150d, 150f–150i, 151a–151d, 151f–151i, 152a–152d, 152f–152i, 153a–153d, 153f–153i, 154a–154d, 154f–154i, 155a–155d, 155f–155i, 156a–156d, 156f–156i, 157a–157d, 157f–157i, 158a–158d, 158f–158i, 159a–159d, 159f–159i, 160a–160d, 160f–160i, 161a–161d, 161f–161i, 162a–162d, 162f–162i, 163a–163d, 163f–163i, 164a–164d, 164f–164i, 165a–165d, 165f–165i, 166a–166d, 166f–166i, 167a–167d, 167f–167i, 168a–168d, 168f–168i, 169a–169d, 169f–169i, 170a–170d, 170f–170i, 171a–171d, 171f–171i, 172a–172d, 172f–172i, 173a–173d, 173f–173i, 174a–174d, 174f–174i, 175a–175d, 175f–175i, 176a–176d, 176f–176i, 177a–177d, 177f–177i, 178a–178d, 178f–178i, 179a–179d, 179f–179i, 180a–180d, 180f–180i, 181a–181d, 181f–181i, 182a–182d, 182f–182i, 183a–183d, 183f–183i, 184a–184d, 184f–184i, 185a–185d, 185f–185i, 186a–186d, 186f–186i, 187a–187d, 187f–187i, 188a–188d, 188f–188i, 189a–189d, 189f–189i, 190a–190d, 190f–190i, 191a–191d, 191f–191i, 192a–192d, 192f–192i, 193a–193d, 193f–193i, 194a–194d, 194f–194i, 195a–195d, 195f–195i, 196a–196d, 196f–196i, 197a–197d, 197f–197i, 198a–198d, 198f–198i, 199a–199d, 199f–199i, 200a–200d, 200f–200i, 201a–201d, 201f–201i, 202a–202d, 202f–202i, 203a–203d, 203f–203i, 204a–204d, 204f–204i, 205a–205d, 205f–205i, 206a–206d, 206f–206i, 207a–207d, 207f–207i, 208a–208d, 208f–208i, 209a–209d, 209f–209i, 210a–210d, 210f–210i, 211a–211d, 211f–211i, 212a–212d, 212f–212i, 213a–213d, 213f–213i, 214a–214d, 214f–214i, 215a–215d, 215f–215i, 216a–216d, 216f–216i, 217a–217d, 217f–217i, 218a–218d, 218f–218i, 219a–219d, 219f–219i, 220a–220d, 220f–220i, 221a–221d, 221f–221i, 222a–222d, 222f–222i, 223a–223d, 223f–223i, 224a–224d, 224f–224i, 225a–225d, 225f–225i, 226a–226d, 226f–226i, 227a–227d, 227f–227i, 228a–228d, 228f–228i, 229a–229d, 229f–229i, 230a–230d, 230f–230i, 231a–231d, 231f–231i, 232a–232d, 232f–232i, 233a–233d, 233f–233i, 234a–234d, 234f–234i, 235a–235d, 235f–235i, 236a–236d, 236f–236i, 237a–237d, 237f–237i, 238a–238d, 238f–238i, 239a–239d, 239f–239i, 240a–240d, 240f–240i, 241a–241d, 241f–241i, 242a–242d, 242f–242i, 243a–243d, 243f–243i, 244a–244d, 244f–244i, 245a–245d, 245f–245i, 246a–246d, 246f–246i, 247a–247d, 247f–247i, 248a–248d, 248f–248i, 249a–249d, 249f–249i, 250a–250d, 250f–250i, 251a–251d, 251f–251i, 252a–252d, 252f–252i, 253a–253d, 253f–253i, 254a–254d, 254f–254i, 255a–255d, 255f–255i, 256a–256d, 256f–256i, 257a–257d, 257f–257i, 258a–258d, 258f–258i, 259a–259d, 259f–259i, 260a–260d, 260f–260i, 261a–261d, 261f–261i, 262a–262d, 262f–262i, 263a–263d, 263f–263i, 264a–264d, 264f–264i, 265a–265d, 265f–265i, 266a–266d, 266f–266i, 267a–267d, 267f–267i, 268a–268d, 268f–268i, 269a–269d, 269f–269i, 270a–270d, 270f–270i, 271a–271d, 271f–271i, 272a–272d, 272f–272i, 273a–273d, 273f–273i, 274a–274d, 274f–274i, 275a–275d, 275f–275i, 276a–276d, 276f–276i, 277a–277d, 277f–277i, 278a–278d, 278f–278i, 279a–279d, 279f–279i, 280a–280d, 280f–280i, 281a–281d, 281f–281i, 282a–282d, 282f–282i, 283a–283d, 283f–283i, 284a–284d, 284f–284i, 285a–285d, 285f–285i, 286a–286d, 286f–286i, 287a–287d, 287f–287i, 288a–288d, 288f–288i, 289a–289d, 289f–289i, 290a–290d, 290f–290i, 291a–291d, 291f–291i, 292a–292d, 292f–292i, 293a–293d, 293f–293i, 294a–294d, 294f–294i, 295a–295d, 295f–295i, 296a–296d, 296f–296i, 297a–297d, 297f–297i, 298a–298d, 298f–298i, 299a–299d, 299f–299i, 300a–300d, 300f–300i, 301a–301d, 301f–301i, 302a–302d, 302f–302i, 303a–303d, 303f–303i, 304a–304d, 304f–304i, 305a–305d, 305f–305i, 306a–306d, 306f–306i, 307a–307d, 307f–307i, 308a–308d, 308f–308i, 309a–309d, 309f–309i, 310a–310d, 310f–310i, 311a–311d, 311f–311i, 312a–312d, 312f–312i, 313a–313d, 313f–313i, 314a–314d, 314f–314i, 315a–315d, 315f–315i, 316a–316d, 316f–316i, 317a–317d, 317f–317i, 318a–318d, 318f–318i, 319a–319d, 319f–319i, 320a–320d, 320f–320i, 321a–321d, 321f–321i, 322a–322d, 322f–322i, 323a–323d, 323f–323i, 324a–324d, 324f–324i, 325a–325d, 325f–325i, 326a–326d, 326f–326i, 327a–327d, 327f–327i, 328a–328d, 328f–328i, 329a–329d, 329f–329i, 330a–330d, 330f–330i, 331a–331d, 331f–331i, 332a–332d, 332f–332i, 333a–333d, 333f–333i, 334a–334d, 334f–334i, 335a–335d, 335f–335i, 336a–336d, 336f–336i, 337a–337d, 337f–337i, 338a–338d, 338f–338i, 339a–339d, 339f–339i, 340a–340d, 340f–340i, 341a–341d, 341f–341i, 342a–342d, 342f–342i, 343a–343d, 343f–343i, 344a–344d, 344f–344i, 345a–345d, 345f–345i, 346a–346d, 346f–346i, 347a–347d, 347f–347i, 348a–348d, 348f–348i, 349a–349d, 349f–349i, 350a–350d, 350f–350i, 351a–351d, 351f–351i, 352a–352d, 352f–352i, 353a–353d, 353f–353i, 354a–354d, 354f–354i, 355a–355d, 355f–355i, 356a–356d, 356f–356i, 357a–357d, 357f–357i, 358a–358d, 358f–358i, 359a–359d, 359f–359i, 360a–360d, 360f–360i, 361a–361d, 361f–361i, 362a–362d, 362f–362i, 363a–363d, 363f–363i, 364a–364d, 364f–364i, 365a–365d, 365f–365i, 366a–366d, 366f–366i, 367a–367d, 367f–367i, 368a–368d, 368f–368i, 369a–369d, 369f–369i, 370a–370d, 370f–370i, 371a–371d, 371f–371i, 372a–372d, 372f–372i, 373a–373d, 373f–373i, 374a–374d, 374f–374i, 375a–375d, 375f–375i, 376a–376d, 376f–376i, 377a–377d, 377f–377i, 378a–378d, 378f–378i, 379a–379d, 379f–379i, 380a–380d, 380f–380i, 381a–381d, 381f–381i, 382a–382d, 382f–382i, 383a–383d, 383f–383i, 384a–384d, 384f–384i, 385a–385d, 385f–385i, 386a–386d, 386f–386i, 387a–387d, 387f–387i, 388a–388d, 388f–388i, 389a–389d, 389f–389i, 390a–390d, 390f–390i, 391a–391d, 391f–391i, 392a–392d, 392f–392i, 393a–393d, 393f–393i, 394a–394d, 394f–394i, 395a–395d, 395f–395i, 396a–396d, 396f–396i, 397a–397d, 397f–397i, 398a–398d, 398f–398i, 399a–399d, 399f–399i, 400a–400d, 400f–400i, 401a–401d, 401f–401i, 402a–402d, 402f–402i, 403a–403d, 403f–403i, 404a–404d, 404f–404i, 405a–405d, 405f–405i, 406a–406d, 406f–406i, 407a–407d, 407f–407i, 408a–408d, 408f–408i, 409a–409d, 409f–409i, 410a–410d, 410f–410i, 411a–411d, 411f–411i, 412a–412d, 412f–412i, 413a–413d, 413f–413i, 414a–414d, 414f–414i, 415a–415d, 415f–415i, 416a–416d, 416f–416i, 417a–417d, 417f–417i, 418a–418d, 418f–418i, 419a–419d, 419f–419i, 420a–420d, 420f–420i, 421a–421d, 421f–421i, 422a–422d, 422f–422i, 423a–423d, 423f–423i, 424a–424d, 424f–424i, 425a–425d, 425f–425i, 426a–426d, 426f–426i, 427a–427d, 427f–427i, 428a–428d, 428f–428i, 429a–429d, 429f–429i, 430a–430d, 430f–430i, 431a–431d, 431f–431i, 432a–432d, 432f–432i, 433a–433d, 433f–433i, 434a–434d, 434f–434i, 435a–435d, 435f–435i, 436a–436d, 436f–436i, 437a–437d, 437f–437i, 438a–438d, 438f–438i, 439a–439d, 439f–439i, 440a–440d, 440f–440i, 441a–441d, 441f–441i, 442a–442d, 442f–442i, 443a–443d, 443f–443i, 444a–444d, 444f–444i, 445a–445d, 445f–445i, 446a–446d, 446f–446i, 447a–447d, 447f–447i, 448a–448d, 448f–448i, 449a–449d, 449f–449i, 450a–450d, 450f–450i, 451a–451d, 451f–451i, 452a–452d, 452f–452i, 453a–453d, 453f–453i, 454a–454d, 454f–454i, 455a–455d, 455f–455i, 456a–456d, 456f–456i, 457a–457d, 457f–457i, 458a–458d, 458f–458i, 459a–459d, 459f–459i, 460a–460d, 460f–460i, 461a–461d, 461f–461i, 462a–462d, 462f–462i, 463a–463d, 463f–463i, 464a–464d, 464f–464i, 465a–465d, 465f–465i, 466a–466d, 466f–466i, 467a–467d, 467f–467i, 468a–468d, 468f–468i, 469a–469d, 469f–469i, 470a–470d, 470f–470i, 471a–471d, 471f–471i, 472a–472d, 472f–472i, 473a–473d, 473f	

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

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

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

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

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

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

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

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,951,741 including grants of \$ 7,595,443) (Revenue \$ 10,951,741)**Passport Program**

Passport served 517 senior/clients. Services included personal care, homemaker, adult day care and other services.

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

4b (Code:) (Expenses \$ 5,536,129 including grants of \$ 5,077,433) (Revenue \$ 5,536,129)**Assisted living Program**

Assisted living program served 227 senior/clients.

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

4c (Code:) (Expenses \$ 1,561,284 including grants of \$ 1,561,284) (Revenue \$ 1,646,580)**Title III -C program**

Title -C provided 312,675 meals

- 4d**
- Other program services (Describe in Schedule O.)

(Expenses \$ 3,491,498 including grants of \$ 2,093,086) (Revenue \$ 3,406,182)

4e Total program service expenses ▶ 21,540,652

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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 109		
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	✓	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		✓
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		✓
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b Did the sponsoring 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		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 13		
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 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓
6 Did the organization have members or stockholders?	6		✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	✓	
b Each committee with authority to act on behalf of the governing body?	8b	✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓
13 Did the organization have a written whistleblower policy?	13	✓
14 Did the organization have a written document retention and destruction policy?	14	✓
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	✓
b Other officers or key employees of the organization	15b	✓
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	✓
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
Donald Dockry CFO Youngstown-Warren Road Suite 2685 2nd Floor Niles OH 44446

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Richard Atkinson	0	✓						0	0	0
(2) Dwight Beebe treasurer	0	✓		✓				0	0	0
(3) William Binning	0	✓						0	0	0
(4) Janice Bolchalk	0	✓						0	0	0
(5) Lowgene Carter	0	✓						0	0	0
(6) Ruth Charles	0	✓						0	0	0
(7) James Guy	0	✓						0	0	0
(8) Micheal Halleck	0	✓						0	0	0
(9) PJ Macali	0	✓						0	0	0
(10) Jack O Connel President	0	✓		✓				0	0	0
(11) Micheal Robinson	0	✓						0	0	0
(12) Daniel Van Dussen secretary	0	✓		✓				0	0	0
(13) Gary Williams vice president	0	✓		✓				0	0	0
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Joseph Rossi CEO	40				✓			100,739		20,514
(16) Donald Dockry CFO	40				✓			78,681		19,718
(17) Anthony Cario COO	40				✓			70,408		19,569
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								249,828		59,801
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								249,828		59,801

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** 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
- 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
- 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

	Yes	No
3		✓
4		✓
5		✓

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	23,201,278			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f ▶		23,201,278			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		26,082			
	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) ▶					
	7a	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) ▶					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less: cost of goods sold b					
c	Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue			Business Code				
11a	Client liability passport		165,229				
b	home choice rho		113,637				
c	trumbull home repair		63,861				
d	All other revenue		169,563				
e	Total. Add lines 11a-11d ▶		512,290				
12	Total revenue. See instructions. ▶		23,739,650				

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 domestic organizations and domestic governments. See Part IV, line 21	16,327,246	16,327,246		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	249,828		249,828	
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	3,578,282	2,988,442	589,840	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	181,983	118,197	63,786	
9 Other employee benefits	1,172,580	941,544	231,036	
10 Payroll taxes	274,169	214,125	60,044	
11 Fees for services (non-employees):				
a Management				
b Legal	127,891	89,073	38,818	
c Accounting	19,350	13,145	6,205	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	30,162	23,003	7,159	
13 Office expenses	50,631	38,301	12,330	
14 Information technology				
15 Royalties				
16 Occupancy	188,903	122,744	66,159	
17 Travel	334,498	282,894	51,604	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	37,151	25,359	11,792	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a equipment purchases	132,945	107,132	25,813	
b dues	27,846	18,345	9,501	
c telephone	102,901	82,149	20,752	
d postage	15,688	8,749	6,939	
e All other expenses	212,598	140,204	72,394	
25 Total functional expenses. Add lines 1 through 24e	23,064,652	21,540,652	1,524,000	
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,658,185	2	1,291,384
	3 Pledges and grants receivable, net	1,350,275	3	1,437,162
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,030	9	12,150
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	212,425	11	231,790
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,230,915	16	2,972,486	
Liabilities	17 Accounts payable and accrued expenses	351,000	17	402,441
	18 Grants payable	1,767,199	18	782,331
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	2,118,199	26	1,184,772
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,112,716	27	1,787,714
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	1,112,716	33	1,787,714	
34 Total liabilities and net assets/fund balances	3,230,915	34	2,972,486	

Part XI Reconciliation of Net AssetsCheck 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	23,739,650
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,064,652
3	Revenue less expenses. Subtract line 2 from line 1	3	674,998
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,112,716
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,787,714

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
b Were the organization's financial statements audited by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? 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? . . .	✓	
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.	✓	

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

Area Agency on Aging 11, Inc

Employer identification number

34-1194060

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,125,860	30,113,757	27,854,270	28,654,287	23,201,278	139,949,452
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	30,125,860	30,113,757	27,854,270	28,654,287	23,201,278	139,949,452
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.						139,949,452

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	30,125,860	30,113,757	27,854,270	28,654,287	23,201,278	139,949,452
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32,156	12,710	25,992	16,066	26,082	113,006
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	644,457	654,169	651,929	593,155	512,290	3,056,000
11 Total support. Add lines 7 through 10						143,118,458
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	97.7 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	98.0 %
16a 33 1/3% support test—2014. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test—2013. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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.) *N/A***Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.) *N/A*

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued) N/A

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		

Section B. Type I Supporting Organizations

		Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		

Section C. Type II Supporting Organizations

		Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		

Section D. All Type III Supporting Organizations

		Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.			
		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

N/A

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)N/A
Current Year**Section D - Distributions**

1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **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.)

N/A

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service
Name of the organization

► Attach to Form 990.
► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Area Agency on Aging 11, Inc

Employer identification number

34-1194060

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) A&A Medical Supply 8221 Washington St Chagrin Falls OH 44023	203205538	na	334				medical supplies
(2) AC Healthcare DBA Primary 837 Bdmn-Cnfd Rd Ste 211 Bdmn OH	341786196	na	213246				personal care
(3) Access to Independence 4960 S Prospect St Ravenna OH 44266	341389369	na	25978				personal care
(4) Accord Home Services 400 Niles-Cortland Rd SE Warren OH	201078645	na	245803				personal care
(5) ActivStyle Inc 1701 Broadway St NE Minneapolis MN 55413	411875463	na	48				personal care
(6) ADT Security Systems 32100 US HWY19 North Palm Harbor FL 34684	581814102	na	2849				emergency response
(7) Allen Dell AL 2200 Milton Blvd Newton Falls OH 44444	341470851	na	43355				assisted living
(8) Alzheimers Assoc Great East OH 70 W Streetsboro Ste 201 Hudson OH	341454446	5013c	40253				alzheimer's respite
(9) Andrea Pieton 50 Cheyenne Dr Girard OH 44420	292762334	na	2934				personal care
(10) Antonine Sisters 2675 N Lipkey Rd North Jackson OH 44451	341749370	5013c	206386				adult day care
(11) Area Agency on Aging 11 5555 Yo-Wrn Rd. Ste 2685 Niles OH	341194060	5013c	136084				ombudsman
(12) Ashtabula Comm Action Agcy 3225 Lake Ave Ashtabula OH 44004	341059824	5013c	371493				meals

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **30**
- 3** Enter total number of other organizations listed in the line 1 table **141**

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

Cat. No 50055P

Schedule I (Form 990) (2014)

Part III **Grants and Other Assistance to Domestic Individuals.** 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
1 N/A					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.					

AAA 11 requires monthly reports from our providers which are reviewed by AAA 11 staff. In addition each provider/agency is monitored with an on site visit annually.

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

2014

Open to Public
Inspection

Name of the organization

Employer identification number

Area Agency on Aging 11, Inc

34-1194060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Ashtabula County Cmmsrs 5740 Dibble Rd Kingsville OH 44048	341095126	na	38296				transportation
(2) Ashtabula Cty Council on Aging 4148 Main Ave Ashtabula OH 44004	237263183	5013c	20996				senio center
(3) Ashtabula Reg Home Hlth 3349 Jefferson Rd PO Box 1428 Ashtabula	341143158	5013c	177713				personal care
(4) Ash Senior Advocacy Prot net 25 w jefferson st Jefferson OH 44047		5013c	5000				guardianship
(5) Associated Neighborhood Ctrs 1649 Jacobs Rd Yqstn OH 44505	340714812	5013c	11677				transportation
(6) Bed Bug Burners 305 Adan Ave SW Philadelphia PA 44663	472721037	na	11560				pest control
(7) Ben Rudick & Son 865 E Indianola Ave Youngstown OH 44502	340501744	na	37355				home repair
(8) Boardman Medical Supply 300 N State St Girard OH 44420	341360782	na	36495				medical supplies
(9) Brookdale Senior Living 330 N Washbush 1400 Chicago IL 60611	391771281	na	85810				assisted living
(10) Callos Nursing Systems 5083 Market St Ste 6 Yqstn OH 44512	010591443	na	702212				personal care
(11) Cambridge Home Health 1098 E State St Ste B Salem OH 44462	341772292	na	174598				personal care
(12) Care4me 1285 E Pidgeon Rd Ste A Salem OH 44460	800757112	na	127053				personal care

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 ▶

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

Cat No 50055P

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

**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.

OMB No. 1545-0047

2014

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Inspection**

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Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

Area Agency on Aging 11, Inc

34-1194060

Part I General Information on Grants and Assistance

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Caring Hands, 885 S. Sawburg Rd Ste 107 Alliance OH 44601	341505340	na	70000				personal care
(2) Caregivers Health Svc 1156 W Western Reserve Rd Ygstin OH 44514	341876184	na	144852				personal care
(3) Caring Hearts of the Valley 6550 Seville Dr Canfield OH 44406	454803395	na	177				personal care
(4) Carendrs of Cleve dba Almost Emly 130 HubbardChurchill Rd Ygstin	611306845	na	3201				personal care
(5) Caseleo Corp dba Global Meals 2761 E 4th Ave Columbus OH 43219	311423817	na	52238				meals
(6) Catholic Charities Reg Agency 319 W Rayen Ave Ygstin OH 44502	340714330	5013c	64250				supportive services
(7) Central Exterminating 3202 St Clair Ave Cleveland OH 44114	340811073	na	930				pest control
(8) Champion Estates/omni manor One Windsor Place Warren OH 44483	341274356	na	27277				assisted living
(9) Chuck Boyles 3658 Liberty Ave Hubbard OH 44425		na	1100				home repair
(10) City of Girard 100 W Main St Girard OH 44420	346001227	na	7507				transportation
(11) Cleveland Area Alz Assoc 8522 East Ave Mentor OH 44060	341311175	5013c	3281				alzheimer's
(12) Coleman Professional Services 552 N Park Ave Warren OH 44481	341240178	na	8889				personal care

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

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

Cat. No. 50055P

Schedule I (Form 990) (2014)

4

SCHEDULE I
(Form 990)

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.

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Department of the Treasury
Internal Revenue Service
Name of the organization

OMB No 1545-0047

2014

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Inspection

Employer identification number

Area Agency on Aging 11, Inc

34-1194060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Columbiana Cnty Commissioner 105 S Market St Lisbon OH 44432	346000745	na	14469				senior center
(2) Comfort Keepers 805 Mahoning Ave Youngstown OH 44502	311508559	na	1215960				personal care
(3) Community Action Agcy Colum- biana 7880 Lincole Pl Lisbon OH	346565185	5013c	89979				transportation
(4) Community Caregivers 888 BdnnCnflrd Rd Ste D Bdnn OH 44512	341864840	na	17165				personal care
(5) Community Commons 1340 Mahoning Ave NW Warren OH 44483	340899610	na	204257				personal care
(6) Community Home Health 60 N Canfield-Niles Rd Ste 500 Austintown	341789552	na	145670				personal care
(7) Community Legal Aid 50 S Main St 8th Fl Akron OH 44308	340753560	5013c	38321				legal services
(8) Companion Care HH 11993 Ravenna Rd Chardon OH 44024	753149663	na	2827				personal care
(9) Compass FAMILY SVS AGENCY 535 Marmion Ave Yngstn OH 44502	340713662	5013c	15980				protective services
(10) Complete HealthCare 215 N Markent St 330	431963687	na	3673				personal care
(11) ConnectAmerica One Belmont One Belmont Ave Ste 1200 Bala Cyn	20064997	na	1385				personal care
(12) Copeland Oaks 800 S 15th St Sebring OH 44672	340941565	na	112760				assisted living

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 ▶

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

Cat. No 50055P

Schedule I (Form 990) (2014)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

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34-1194060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Cornerstone 8170 South Ave Ste 4 Boardman OH 44512	311696952	na	180207				personal care
(2) Country Club Retirement Ctr 925 E 26th St Ashtabula OH 44004	341424223	na	578603				assisted living
(3) Country Neighbor Program 39 S Maple St POBox 212 Orwell OH	341331627	5013c	120501				personal care
(4) Critical Signal Tech 27475 Meadowbrook Rd Novi MI 48377	205117627	na	1232				personal care
(5) Crossroad at Beaver Creek 13280 Echo Dell Rd E Liverpool OH	201505947	na	248528				assisted living
(6) Decor Built Construction 1130 Pelion Pl The Villages FL 32162	341635338	na	8370				home repair
(7) Duraline Medical 324 Werner St POBox 67 Leipsic OH 45856	364057006	na	16672				medical equipment
(8) Easter Seals Society 299 Edwards St Youngstown OH 44502	346004377	5013c	1391018				meals
(9) EDL dba Briarfield Manor 461 S Canfield Rd Austintown OH 44515	200415171	na	104322				assisted living
(10) Embassy Homecare 24490 Broadway Ave Unit B Oakwood Vlg OH	274172678	na	18172				personal care
(11) Essex Healthcare dba Mer Arms 1209 Indiana Ave St Marys OH 45885	582337900	na	106164				assisted living
(12) Evergreen Healthcare Svs 609 Vienna Ave Niles OH 44446	113702983	na	88276				personal care

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Cat. No. 50055P

Schedule I (Form 990) (2014)

**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.

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Name of the organization

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34-1194060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Family & Community Svs 705 Oakwood St #221 Ravenna OH 44266	341902451	5013c	7544				rsvp
(2) Frencor dba Visiting Angels 409 E Second St Salem OH 44460	470931844	na	16291				personal care
(3) Girard Multi-Gen 443 Trumbull Ave Girard OH 44420	341937126	5013c	24887				senior center
(4) Glenview Living Ctr 3379 Main St Mineral Ridge OH 44440	204202829	na	102992				assisted living
(5) Grace Woods Ctr 730 Young- stown-Warren Rd Niles OH 44446	201824940	na	414250				assisted living
(6) Grace Woods of Salem 1166 Benton Rd Rt 14 Salem OH 44460	260346554	na	129095				assisted living
(7) Guardian Med Monitoring 18000 W Eight Mile Rd Southfield MI 48075	383432082	na	3284				emergency response
(8) Guardianship & Protective Svs 1371 Church St Mineral Ridge OH	202115144	na	28705				protective services
(9) Hampton Woods dba Woodlands 1525 E Western Res Rd Poland OH	271692427	na	46043				assisted living
(10) Hands on Volunteer 5500 market Youngstown OH 44512	341593908	5013c	2829				rsvp
(11) Haven Home Care PO Box 5462 Uniontown OH 44334	341864840	na	34055				personal care
(12) Health Care Bridge 24011 Greenlawn Ave Beachwood OH 44122	432030126	na	34101				personal care

- 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

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Cat. No 50055P

Schedule I (Form 990) (2014)

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**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2014

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Department of the Treasury
Internal Revenue Service
Name of the organization
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Employer identification number
34-1194060

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Help Hotline PO Box 46 Youngstown OH 44501	341196630	5013c	21619				information
(2) Heritage Home Care 1005 Franklin Ave Toronto OH 43964	341742232	na	41248				personal care
(3) Home Care Advantage 718 E Third St Ste C Salem OH 44460	341758970	na	301489				personal care
(4) Home Care Delivered 11013 W Broad St. 4th Fl Glen Allen VA 23060	541818883	na	15				personal care
(5) Home Care Network 3976 A Fulton Rd NW Canton OH 44718	311397386	na	98886				personal care
(6) Homecare with Heart 110 Debartolo Pl Youngstown OH 44512	200618346	na	181857				personal care
(7) Hooberly Assoc dba Allen Dell AL 2200 Milton Blvd Newton Falls OH	341470851	na	79042				assisted living
(8) Humility House 755 Ohitown Rd Austintown OH 44515	341894783	na	123090				assisted living
(9) Info Line 703 S Main St #211 Akron OH 44311	341170391	na	76				personal care
(10) Interfaith Home Maint Svs 1005 W Rayen Ave Yngn OH 44502	341219024	5013c	91530				home repair
(11) Josh Barb dba Community Care 888 BdmnCnfd Rd Ste D Bdmn OH	205563902	na	390104				personal care
(12) Laurie Ann Home Health 2200 Milton Blvd Newton Falls OH 44444	3418844770	na	71871				personal care

- 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

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Cat. No 50055P

Schedule I (Form 990) (2014)

8

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
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Department of the Treasury
Internal Revenue Service

Name of the organization

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Area Agency on Aging 11, Inc

Employer identification number

34-1194060

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Legal Aid of Cleveland 1223 W Sixth St Cleveland OH 44113	340866026	5013c	14214				legal services
(2) Lifeline 111 Lawrence St MS-29 Framingham MA 01702	311256947	na	29151				emergency response
(3) Lisbon Nursing Care Ctr 100 Vista Dr Lisbon OH 44332	200322973	na	62012				assisted living
(4) Lorraine Surgical 2080 W 65th St Cleveland OH 44102	341179093	na	198				personal care
(5) Manor at Autumn Hills 2567 Niles Vienna Rd Niles OH 44446	311504242	na	26419				assisted living
(6) MAPN 535 Marmion Ave Youngstown OH 44520	340713662	5013c	5300				protective services
(7) Marian Living Center 9800 Market St North Lima OH 44452	341013695	na	160660				assisted living
(8) Market St dba Inn at Glenellen 9661 Market St North Lima OH 44452	454910026	na	52987				assisted living
(9) Maxxim Healthcare 110 W West-ern Reserve Rd Poland OH 44514	521590951	na	47078				personal care
(10) Miller Rental Sales 2023 Romig Rd Akron OH 44320	341041763	na	13119				medical equipment
(11) Medscope Am Corp 259 E Lan-caster Ave Ste 101 Wynnewood	232991908	na	604				personal care
(12) Moriarty Consultants 16 Wick Ave Ste 801 Youngstown OH 44503	841660820	na	22043				personal care

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 ▶

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Cat. No. 50055P

Schedule I (Form 990) (2014)

9

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No 1545-0047

2014

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34-1194060

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(1) Mothers Karing Touch 6971 Adams Rd Rogers OH 44455	030451435	na	281020				personal care
(2) MYCAP 101 Federal St # 200 Youngstown OH 44503	340969202	5013c	10815				transportation
(3) Navigroup Vent dba Villa at Lake 48 Parrish Rd Conneaut OH 44030	312621969	na	304912				assisted living
(4) NCH Intrepid 1170 E Broad St Ste 101 Elyria OH 44035	341479650	na	15673				personal care
(5) Newton Falls 19 N Canal St Newton Falls OH 44444	346002022	na	6084				transportation
(6) Nick Hornbeck Construction 8637 Howard Springs Warren OH 44484	320402794	na	28392				home repair
(7) Noble Health Care 6 Federal Plaza Ctrl Ste 703 Youngstown OH	454722345	na	119048				personal care
(8) Nursing Systematix 822 Young- stown Poland Rd Struthers OH 44471	200029162	na	20457				personal care
(9) Ohio Preb dba Park Vista Retire 1216 Fifth Ave Youngstown OH 44504	344429863	5013c	248544				adult day care
(10) Ohio Preb dba Lake Vista Cort 303 N Mecca St Cortland OH 44410	344429863	5013c	15047				assisted living
(11) Ohio Valley Home Health Svs PO Box 80 East Liverpool OH 43920	341014198	5013c	279627				personal care
(12) Omni West dba Liberty Arms AL 1353 ChurchillHubbard Rd Yo OH	341571472	na	243644				assisted living

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 ▶

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

Cat-No 50055P

Schedule I (Form 990) (2014)

SCHEDULE I
(Form 990)

**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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990.
► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

Area Agency on Aging 11, Inc

34-1194060

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Omni West 3259 Vestal Rd Youngstown OH 44509	341571472	na	491098				assisted living
(2) Omni Manor dba Windsor Estate 5240 Windsor Way N Middletown OH	341274356	na	297146				assisted living
(3) Orion Austinburg 2026 SR 45 Austinburg OH 44010	260240140	na	187596				personal care
(4) Over the Rainbow 110 Windsor Cortland OH 44410	311500314	na	216550				adult day care
(5) Priority Home 3904 N Ridge Rd Perry OH 44081	341594309	na	67445				personal care
(6) Purfoods dba Moms Meals 3210 SE 72nd St Ankeny IA 50021	412096639	na	349303				meals
(7) RK Woods dba Equal Access PO Box 65 Lowellville OH 44436	341545387	na	46841				personal care
(8) Rural Metro 5171 Canal Rd Cuyahoga Hts OH 44125	341778398	na	3176				transportation
(9) Sacred Arms 907 SR 46 Columbiana OH 44408	341955908	na	93092				personal care
(10) Salem VNA 718 E Third St Ste A Salem OH 44460	340709901	na	62882				personal care
(11) Sanctuary of Geneva 200 Commerce PL Geneva OH 44041	341971153	na	102222				personal care
(12) Sanctuary Skilled 925 E 26th St Ashtabula OH 44004	260342593	na	70581				personal care

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

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Cat. No. 50055P

Schedule I (Form 990) (2014)

**SCHEDULE I
(Form 990)**

**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.

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Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

Area Agency on Aging 11, Inc

34-1194060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Sateri Home 755 Boardman-Canfield Rd Youngstown OH 44512	341243226	na	167206				assisted living
(2) Schenley Mgt Inn at Christine 3150 S Schenley Ave Yqtn OH 44511	341893248	na	43500				assisted living
(3) Seeley Medical 104 Parker Dr PO Box 699 Andover OH 44003	341220431	na	37278				medical equipment
(4) Senior Independence 1110 Fifth Ave Youngstown OH 44504	344429863	5013c	125941				senior center
(5) Shepherd of the Valley 1500 McKinley Ave Niles OH 44446	341147594	na	64477				assisted living
(6) Signature Health Services 132 Weschester Austintown OH 44515	204002865	na	8365				personal care
(7) Simply EZ HDM NE Ohio 1130 A Damar Dr Akron OH 44305	261666185	na	159082				meals
(8) TAPN PO Box 256 Brookfield OH 44403	205433563	5013c	5000				protective services
(9) Trumbull Ct Action Program 1230 Palmyra Rd Warren OH 44485	340967140	5013c	14338				transportation
(10) Terreforme Enterprises 596 Champion Ave W Warren OH 44483	341820874	na	261967				personal care
(11) Titan Construction 3827 Mahoning Ave Austintown OH 44515	346750823	na	68025				home repair
(12) Trumbull Cty Commissioners 160 High St NW Warren OH 44481	346002841	na	503711				meals
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							▲
3 Enter total number of other organizations listed in the line 1 table							▲

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Cat. No. 50055P

Schedule I (Form 990) (2014)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

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Name of the organization

Employer identification number

Area Agency on Aging 11, Inc

34-1194060

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Trumbull Mobile Meals 323 East Market St Warren OH 44483	237137110	5013c	51686				meals
(2) TVC Home Health Care 602 Yo-Poland Rd Youngstown OH 44514	743140459	na	110467				personal care
(3) Valley Home Health 755 Board-Canfield Rd Ste N1 Bdm OH 44512	731721721	na	92663				personal care
(4) Valued Relationships 1400 Commerce Ctr Dr Franklin OH	311274364	na	145991				personal care
(5) Victoria House 5295 Ashley Cir Austintown OH 44515	571206749	na	27212				assisted living
(6) Village of Jefferson 25 E Jefferson St Jefferson OH 44047	346001508	na	6763				transportation
(7) Western Reserve Catering 12621 Chillicothe Rd Chesterland OH 44026	043696982	na	111508				meals
(8) Yo Area Jewish Federation 584 Granada Ave Youngstown OH 44505	340714442	5013c	121747				personal care
(9) Youngstown Contracting 1909 Twin Oaks Dr Girard OH 44420	341043234	na	134697				home repair
(10)							
(11)							
(12)							

- 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

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

Cat. No 50055P

Schedule I (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

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Inspection**

Name of the organization

Area Agency on Aging 11, Inc

Employer identification number

34-1194060

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

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

Part VI 12 c - Employees and Board members complete a Conflict of Interest form annually.

Part VI line 15b - Board of trustees review salary compensation of CEO.

Part VI line 19 - documents made available upon request.

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