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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 10-01-2014 , and ending 09-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AGEOPTIONS INC

Doing business as

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

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

D Employer identification number
36-2806193

E Telephone number
(708) 383-0258

G Gross receipts $ 17,205,805

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

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW AGEOPTIONS ORG

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

L Year of formation 1974

M State of legal domicile IL

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	108
6	Total number of volunteers (estimate if necessary)	**6**	73
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,547,686	16,691,450
9	Program service revenue (Part VIII, line 2g)	28,715	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,300	41,078
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	125,064	197,250
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,723,765	16,929,778
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	14,281,299	13,462,862
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,481,142	2,329,802
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶55,929		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	870,249	1,054,434
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,632,690	16,847,098
19	Revenue less expenses Subtract line 18 from line 12	91,075	82,680

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,196,823	2,792,813
21	Total liabilities (Part X, line 26)	2,670,715	1,238,342
22	Net assets or fund balances Subtract line 21 from line 20	1,526,108	1,554,471

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

****** | 2016-05-13
Signature of officer | Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
BRYAN PAUTSCH	BRYAN PAUTSCH	2016-05-12		P00034913

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 8,309,571 including grants of $ 7,318,664) (Revenue $)

AGEOPTIONS IS COMMITTED TO IMPROVING THE QUALITY OF LIFE AND MAINTAINING THE DIGNITY OF OLDER PERSONS AND THOSE WHO CARE ABOUT THEM AGEOPTIONS IS A NOT-FOR-PROFIT CORPORATION DESIGNATED BY THE ILLINOIS DEPARTMENT ON AGING AS THE AREA AGENCY ON AGING FOR SUBURBAN COOK COUNTY AS A CATALYST FOR CONNECTING OLDER PERSONS AND CAREGIVERS TO RESOURCES AND SERVICE OPTIONS, WE ARE NATIONALLY RECOGNIZED FOR OUR INNOVATIVE PROGRAMMING, NETWORKING WITH COMMUNITY BASED SENIOR SERVICE AGENCIES, AND ADVOCACY EFFORTS ON BEHALF OF OLDER PERSONS OVER THE PAST 40 YEARS, AGEOPTIONS HAS ESTABLISHED A REPUTATION FOR MEETING THE NEEDS, WANTS AND EXPECTATIONS OF THE SENIOR POPULATION IN SUBURBAN COOK COUNTY OUR PURPOSE IS TO CONNECT ADULTS, AGED 60 AND OVER, WITH RESOURCES AND OPTIONS FOR CARE SO THAT THEY CAN HAVE A FULL RANGE OF CHOICES AND LIVE THEIR LIVES TO THE FULLEST OUR ROLE IS TO PLAN, FUND, COORDINATE AND ADVOCATE FOR THIS SPECIAL GROUP AND THEIR FAMILY CAREGIVERS WE PRIDE OURSELVES IN ADVOCATING FOR SENIORS IN THE AREAS SUCH AS ELDER JUSTICE, CAREGIVING, NUTRITION, MEDICARE, EMPLOYMENT AND ACCESS TO BENEFITS OUR PRIMARY SERVICE AREA, SUBURBAN COOK COUNTY, INCLUDES 130 COMMUNITIES WITHIN 30 TOWNSHIPS SURROUNDING CHICAGO - HOME TO MORE THAN 2 5 MILLION RESIDENTS AND 547,123 OLDER ADULTS THE OLDER AMERICANS ACT TITLE III SOCIAL, NUTRITION, CAREGIVER, AND HEALTH PROMOTION/DISEASE PREVENTION SERVICES ARE CORE SERVICES PROVIDED IN ALL 30 TOWNSHIPS OF SUBURBAN COOK COUNTY IN FY 2015, 138,100 OLDER ADULTS AND CAREGIVERS WERE SERVED THROUGH THE WIDE RANGE OF TITLE III AND OTHER RELATED PROGRAMS INCLUDING HOME DELIVERED AND CONGREGATE DINING, NURSING HOME OMBUDSMAN, LEGAL SERVICE, AND THE OTHER SOCIAL SERVICES

4b (Code) (Expenses $ 1,602,288 including grants of $ 1,602,288) (Revenue $)

AGEOPTIONS CONTRACTS WITH TEN (10) ADULT PROTECTIVE SERVICES PROVIDER AGENCIES IN SUBURBAN COOK COUNTY THAT INVESTIGATE AND INTERVENE IN CASES OF POSSIBLE ELDER ABUSE IN ILLINOIS THE ADULT PROTECTIVE SERVICES PROGRAM IS BASED ON AN ADVOCACY MODEL AND IS A VICTIM GUIDED PROCESS THAT RESPECTS A VICTIM'S RIGHT TO SELF-DETERMINATION AGEOPTIONS MONITORS THE LOCAL AGENCIES ANNUALLY TO ENSURE COMPLIANCE WITH THE ILLINOIS DEPARTMENT ON AGING POLICIES AND PROCEDURES AGEOPTIONS PROVIDES TECHNICAL ASSISTANCE TO ADULT PROTECTIVE SERVICES SUPERVISORS AND CASE WORKERS, AND CONDUCTS REGULAR OUTREACH TO PROFESSIONALS AND THE PUBLIC ON ISSUES RELATED TO ELDER ABUSE, NEGLECT AND EXPLOITATION IN STATE FISCAL YEAR 2015, THERE WERE 2,465 REPORTED CASES IN SUBURBAN COOK COUNTY ALONE IT IS ESTIMATED THAT FOR EVERY REPORT OF ELDER ABUSE THERE ARE TEN MORE THAT GO UNREPORTED FINANCIAL EXPLOITATION IS THE MOST REPORTED FORM OF ABUSE AND ACCOUNTS FOR NEARLY 45% OF ALL CASES

4c (Code) (Expenses $ 206,800 including grants of $ 206,800) (Revenue $)

THE VETERANS INDEPENDENCE PROGRAM IS THE ILLINOIS NAME FOR THE NATIONAL PROGRAM CALLED VETERANS DIRECTED HOME AND COMMUNITY BASED SERVICES AGEOPTIONS PROGRAM IS A PARTNERSHIP INCLUDING THREE VA MEDICAL CENTERS, THREE CARE COORDINATION UNITS, AND A FISCAL MANAGEMENT SERVICE VIP ENABLES VETERANS OF ANY AGE WHO ARE AT RISK OF NURSING HOME PLACEMENT TO STAY IN THEIR HOMES, DIRECTING AND PLANNING THEIR OWN CARE IN FY15 THIS PROGRAM SERVED 12 VETERANS

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 4,393,840 including grants of $ 4,335,109) (Revenue $)

4e **Total program service expenses ▶** 14,512,499

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	12		
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	108		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	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			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	18		
	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**	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ KIM MCCAHILL

1048 LAKE ST SUITE 300
OAK PARK, IL 603011055 (708) 383-0258

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BOUSKY TRACY DIRECTOR	2 00	X						0	0	0
(2) COONDA MARY E DIRECTOR	2 00	X						0	0	0
(3) DAVIS THEODORE DIRECTOR	2 00	X						0	0	0
(4) GAGLIARDO JOSEPH DIRECTOR	2 00	X						0	0	0
(5) GORDON MURRAY DIRECTOR	2 00	X						0	0	0
(6) HOWE-HRACH KATHLEEN DIRECTOR	2 00	X						0	0	0
(7) KARUTZ FREDERICK DIRECTOR	2 00	X						0	0	0
(8) KRUSE GENEVIEVE DIRECTOR	2 00	X						0	0	0
(9) LENNON ROSLYN DIRECTOR	2 00	X						0	0	0
(10) MATSON BRUCE DIRECTOR	2 00	X						0	0	0
(11) MOORE DONNA DIRECTOR	2 00	X						0	0	0
(12) O'CONNOR JOHN DIRECTOR	2 00	X						0	0	0
(13) PEACHEY KIRSTEN DIRECTOR	2 00	X						0	0	0
(14) PERRY ANTHONY CHAIRPERSON	4 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROZYCKI CARLA DIRECTOR	2 00	X						0	0	0
(16) SIEGEL LINDA DIRECTOR	2 00	X						0	0	0
(17) WELLS ELIZABETH DIRECTOR	2 00	X						0	0	0
(18) WINICK BRAD DIRECTOR	2 00	X						0	0	0
(19) LAVIN JONATHAN PRESIDENT & CHIEF EXEC	35 00			X				140,614	0	17,945
(20) SLEZAK DIANE VICE PRES & CHIEF OPER	35 00			X				129,450	0	9,580
(21) BAUER KIMBERLY DIR OF PLANNING & GRANTS	35 00			X				108,343	0	13,874

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	378,407	0	41,399

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUATRRO FPO SOLUTIONS 1850 PARKWAY PLACE SUITE 1100 MARIETTA, GA 30067	FINANCIAL SERVICES	340,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	12,270			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	16,128,313			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	550,867			
	g	Noncash contributions included in lines 1a-1f $		4,120			
	h	**Total.** Add lines 1a-1f . . . . . ▶		16,691,450			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶					
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		21,755			21,755
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	235,673				
	b	Less cost or other basis and sales expenses	216,350				
	c	Gain or (loss)	19,323				
	d	Net gain or (loss) . . . . . ▶		19,323			19,323
Other Revenue	8a	Gross income from fundraising events (not including $ 12,270 of contributions reported on line 1c) See Part IV, line 18 . . a	142,329				
	b	Less direct expenses . . . b	59,677				
	c	Net income or (loss) from fundraising events . . ▶		82,652			82,652
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	114,598			114,598
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		114,598			
	12	**Total revenue.** See Instructions . . . . . ▶		16,929,778	0	0	238,328

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	13,462,862	13,462,862		
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	429,658	429,658		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,365,180	189,802	1,134,689	40,689
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	406,416	132,569	270,565	3,282
10 Payroll taxes	128,548	44,896	79,998	3,654
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	4,565		4,565	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	419,820	48,034	368,390	3,396
12 Advertising and promotion	6,462		6,162	300
13 Office expenses	10,543	447	10,096	
14 Information technology	63,952		61,550	2,402
15 Royalties				
16 Occupancy	213,690	23,303	190,387	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,199	19,069	7,130	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,837		22,837	
23 Insurance	624	219	405	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROJECT COSTS	150,371	150,371		
b EQUIPMENT	56,150	238	55,912	
c SUPPLIES	31,195	1,644	29,551	
d DUES	25,310	2,882	22,428	
e All other expenses	22,716	6,505	14,005	2,206
25 **Total functional expenses.** Add lines 1 through 24e	16,847,098	14,512,499	2,278,670	55,929
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		472	1	400
	2	Savings and temporary cash investments		931,831	2	765,243
	3	Pledges and grants receivable, net		2,602,339	3	1,396,603
	4	Accounts receivable, net		7,895	4	10,504
	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		126,485	9	90,310
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 475,916			
	b	Less accumulated depreciation	10b 414,397	41,763	10c	61,519
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		486,038	12	468,234
	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)		4,196,823	16	2,792,813
Liabilities	17	Accounts payable and accrued expenses		2,217,333	17	818,491
	18	Grants payable			18	
	19	Deferred revenue		374,880	19	307,960
	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		78,502	25	111,891
	26	**Total liabilities.** Add lines 17 through 25		2,670,715	26	1,238,342
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,302,133	27	1,177,373
	28	Temporarily restricted net assets		223,975	28	377,098
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,526,108	33	1,554,471
	34	Total liabilities and net assets/fund balances		4,196,823	34	2,792,813

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,929,778
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,847,098
3	Revenue less expenses Subtract line 2 from line 1	3	82,680
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,526,108
5	Net unrealized gains (losses) on investments	5	-54,317
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,554,471

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 36-2806193
Name: AGEOPTIONS INC

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

(Code) (Expenses $ 4,393,840 including grants of $ 4,335,109) (Revenue $)

STATE/GRF - GENERAL REVENUE FUNDS FOR THE PURPOSE OF ABUSE INTERVENTION, TRANSPORTATION, OUT-REACH AND HOME DELIVERED MEALS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493154003366

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **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
AGEOPTIONS INC

Employer identification number
36-2806193

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 ")	15,623,668	15,553,496	16,156,309	17,547,686	16,687,330	81,568,489
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	15,623,668	15,553,496	16,156,309	17,547,686	16,687,330	81,568,489
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						81,568,489

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	15,623,668	15,553,496	16,156,309	17,547,686	16,687,330	81,568,489
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,499	7,432	10,823	12,948	21,755	62,457
9 Net income from unrelated business activities, whether or not the business is regularly carried on	42,661	51,806	50,198			144,665
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	21,318	12,896	3,467	138,728	114,598	291,007
11 **Total support** Add lines 7 through 10						82,066,618

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

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	99 390 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	99 480 %

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 ▶☑

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 ▶☐

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 ▶☐

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 ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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** ▶☐

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)

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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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. . . .*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
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) .*	7		
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 II of Schedule L (Form 990).*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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.*	10a		
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).*	10b		
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		

Part IV Supporting Organizations (continued)

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** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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

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)	1		
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	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
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 From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
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 From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493154003366

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AGEOPTIONS INC

Employer identification number
36-2806193

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

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

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

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

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		475,916	414,397	61,519
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				61,519

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUTUAL FUNDS	468,234	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	468,234	

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
OTHER LIABILITIES	-118
ACCRUED VACATION	112,009
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	111,891

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

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

1	Total revenue, gains, and other support per audited financial statements			1	17,004,059
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-54,317		
b	Donated services and use of facilities	2b	73,486		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	59,677		
e	Add lines **2a** through **2d**			2e	78,846
3	Subtract line **2e** from line **1**			3	16,925,213
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,565		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	4,565
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	16,929,778

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

1	Total expenses and losses per audited financial statements			1	16,975,696
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	73,486		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	59,677		
e	Add lines **2a** through **2d**			2e	133,163
3	Subtract line **2e** from line **1**			3	16,842,533
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,565		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	4,565
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	16,847,098

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART X, LINE 2	THE AGENCY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS CLASSIFIED AS NOT A PRIVATE FOUNDATION" PURSUANT TO A LETTER FROM THE INTERNAL REVENUE SERVICE DATED SEPTEMBER 30, 1976
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSES RELATED TO SPECIAL EVENT 59,677
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSES RELATED TO SPECIAL EVENT 59,677

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493154003366

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (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
AGEOPTIONS INC

Employer identification number
36-2806193

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1 CELEBRATING AGING (event type)	(b) Event #2 ANNUAL LUNCHEON (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	147,259	7,340		154,599
	2 Less Contributions	4,930	7,340		12,270
	3 Gross income (line 1 minus line 2)	142,329			142,329
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	38,153	4,318		42,471
	7 Food and beverages				
	8 Entertainment	1,040	300		1,340
	9 Other direct expenses	14,085	1,781		15,866
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(59,677)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				82,652

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted in

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493154003366

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
AGEOPTIONS INC

Employer identification number
36-2806193

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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.

(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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 61

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 52

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 36-2806193
Name: AGEOPTIONS INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AAA FOR LINCOLNLAND 3100 MONTVALE DRIVE SPRINGFIELD,IL 62704	37-0981610	501C3	3,000				MEDICARE FRAUD PATROL
ADDOLORATA VILLA555 MCHENRY ROAD WHEELING,IL 60090	35-1124441	N/A	2,238				RESPITE ASSISTANCE FOR CAREGIVERS
ADDUS HOMECARE - BERWYN1156 MOMENTUM PLACE CHICAGO,IL 60689	20-5340172	N/A	7,289				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADDUS HOMECARE - CHICAGO1156 MOMENTUM PLACE CHICAGO,IL 60689	20-5340172	N/A	52,965				SOCIAL SERVICES FOR THE ELDERLY RESPITE ASSISTANCE FOR CAREGIVERS
ADDUS HOMECARE - HOMEWOOD1125 175TH ST HOMEWOOD,IL 60430	20-5340172	N/A	3,805				RESPITE ASSISTANCE FOR CAREGIVERS
ADDUS HEALTHCARE - WESTCHESTER10330 W ROOSEVELT RD SUITE 206 WESTCHESTER,IL 60154	20-5340172	N/A	1,371				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AGING CARE CONNECTIONS111 WEST HARRIS AVE LA GRANGE,IL 60526	36-2721289	501C3	818,516				SOCIAL, NUTRITION, HEALTH ASSISTANCE & PROMOTION ADULT PROTECTIVE SERVICES CAREGIVER SERVICES FOR THE ELDERLY ACCESS TO PUBLIC SUPPORT PROGRAMS FOR ELDERLY & PEOPLE WITH DISABILITIES ASSISTANCE FOR FILLING OUT PHARMACEUTICAL ASSISTANCE PROGRAMS VETERANS ASSISTANCE & NURSING HOME DIVERSION PROGRAMS
AGESMART COMMUNITY RESOURCES2365 COUNTY ROAD BELLEVILLE,IL 62221	37-0986597	501C3	13,000				MEDICARE FRAUD PATROL
ALDEN ORLAND PARK PRAIRIE VILLAGE16450 SOUTH 97TH AVE ORLAND PARK,IL 60467	36-3901683	N/A	2,550				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALIVIO MEDICAL CENTER 966 WEST 21TH STREET CHICAGO,IL 60608	36-3661051	501C3	4,346				ORO LATINO SOCIAL SERVICES
AMERICAN ASSOCIATION OF RETIRED ASIANS380 S SCHMALE ROAD SUITE 204 CAROL STREAM,IL 60188	26-0751308	501C3	4,500				NUTRITION SERVICES FOR ELDERLY
ARAB AMERICAN FAMILY SERVICES9044 S OCTAVIA BRIDGEVIEW,IL 60455	60-0002593	501C3	51,140				NUTRITION & SOCIAL SERVICES FOR MINORITY ELDERLY HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS MEDICARE ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARDEN COURTS - HAZELCREST3701 WEST 183RD STREET HAZEL CRES,IL 60429	34-1903270	N/A	7,297				RESPITE ASSISTANCE FOR CAREGIVERS
ARDEN COURTS - SOUTH HOLLAND2045 EAST 170TH STREET SOUTH HOLLAND,IL 60473	34-1903270	N/A	19,980				RESPITE ASSISTANCE FOR CAREGIVERS
ARLINGTON HEIGHTS SENIOR CENTER1801 WEST CENTRAL ROAD ARLINGTON HEIGHTS,IL 60005	36-3588500	501C3	1,250				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARLINGTON LIVING & REHAB CENTER1666 CHECKER ROAD LONG GROVE,IL 60047	36-3872423	N/A	3,455				RESPITE ASSISTANCE FOR CAREGIVERS
ASI WORKS7101 WISCONSIN AVE SUITE 1400 BETHESDA,MD 20814	52-2052647	N/A	182,372				VETERANS INDEPENDENCE PROGRAM
BLOOM TOWNSHIP SENIOR CITIZENS SERVICE425 S HALSTED ST CHICAGO HEIGHTS,IL 60411	36-6009584	501C1	98,515				SOCIAL SERVICES FOR THE ELDERLY MEDICARE EDUCATION, OUTREACH, & POLICY DEVELOPMENT ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS MEDICARE ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BREMEN TOWNSHIP16361 S KEDZIE PKWY MARKHAM,IL 60428	36-6006214	501C1	40,572				NUTRITION SERVICES FOR ELDERLY
CALUMET TOWNSHIP2353 YORK STREET BLUE ISLAND,IL 60406	36-6006229	501C1	100,734				NUTRITION SERVICES FOR ELDERLY
CANTATA BRITISH STAYING AT HOME8700 WEST 31ST STREET BROOKFIELD,IL 60513	36-2169132	501C3	491				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARING HOME SERVICES 700 NICHOLAS BOULEVARD ELK GROVE VILLAGE,IL 60007	47-2994471	N/A	4,070				RESPITE ASSISTANCE FOR CAREGIVERS
CATHOLIC CHARITIES - ARLINGTON HEIGHTS1801 W CENTRAL RD ARLINGTON HEIGHTS,IL 60005	36-2170821	501C3	66,779				NUTRITION SERVICES FOR ELDERLY VETERANS INDEPENDENCE PROGRAM
CATHOLIC CHARITIES - BREMEN15300 SOUTH LEXINGTON HARVEY,IL 60426	36-2170821	501C3	237,213				NUTRITION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES - CALUMET721 N LASALLE STREET SUITE 758 CHICAGO,IL 60654	36-2170821	501C3	480,880				NUTRITION SERVICES FOR ELDERLY
CATHOLIC CHARITIES - HANOVER721 N LASALLE STREET SUITE 758 CHICAGO,IL 60654	36-2170821	501C3	71,724				NUTRITION SERVICES FOR ELDERLY
CATHOLIC CHARITIES - MAIN721 N LASALLE STREET SUITE 758 CHICAGO,IL 60654	36-2170821	501C3	2,468				NUTRITION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES - NORTH671 S LEWIS AVENUE WAUKEGAN,IL 60085	36-2170821	501C3	42,110				NUTRITION SERVICES FOR ELDERLY
CATHOLIC CHARITIES - NORTHWEST1801 W CENTRAL RD ARLINGTON HEIGHTS,IL 60005	36-2170821	501C3	538,143				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY ADULT PROTECTIVE SERVICES ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS ACTIVITIES RELATED TO HEALTHCARE FRAUD PREVENTION & CENSUS OUTREACH MEDICARE ASSISTANCE
CATHOLIC CHARITIES - RICH TOWNSHIP721 N LASALLE STREET SUITE 758 CHICAGO,IL 60654	36-2170821	501C3	108,889				NUTRION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES - SOUTH SUBURBAN SENIOR SERVICES15300 SOUTH LEXINGTON HARVEY,IL 60426	36-2170821	501C3	1,025,592				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY ADULT PROTECTIVE SERVICES ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS MEDICARE FRAUD PATROL & MEDICARE ASSISTANCE VETERANS INDEPENDENCE PROGRAM
CEDA OF COOK COUNTY 208 S LASALLE 19TH FLR CHICAGO,IL 60604	36-2597741	501C3	8,921				SOCIAL SERVICES FOR THE ELDERLY
CENTER OF CONCERN 1580 N NORTHWEST HIGHWAY 310 PARK RIDGE,IL 60068	36-2984360	501C3	82,396				SOCIAL SERVICES FOR THE ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL IL AAA700 HAMILTON BOULEVARD PEORIA,IL 61603	37-0983168	501C3	9,000				MEDICARE FRAUD PATROL
CHICAGO DEPT OF FAMILY & SUPPORT333 STATE STREET ROOM 2111 CHICAGO,IL 60604	36-6005820	MUNICIPALITY	20,000				MEDICARE FRAUD PATROL
CICERO AREA PROJECT 5243B W 25TH STREET CICERO,IL 60804	27-1378569	501C3	6,000				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLYDE PARK DISTRICT 1909 SOUTH LARAMIE AVENUE CICERO,IL 60804	36-6000745	MUNICIPALITY	34,083				NUTRITION SERVICES FOR ELDERLY
COALITION OF LIMITED ENGLISH SPEAKING ELDERLY53 W JACKSON BLVD SUITE 1301 CHICAGO,IL 60604	36-3643461	501C3	6,500				MEDICARE FRAUD PATROL
COMFORT KEEPERS - WOOD DALE185 HANSON COURT SUITE 120 WOOD DALE,IL 60191	01-0646249	FOR PROFIT	1,476				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY NUTRITION NETWORK208 SOUTH LASALLE ST SUITE 1900 CHICAGO,IL 60604	36-4394010	501C3	2,123,057				SOCIAL & NUTRITION SERVICES FOR ELDERLY
COUNCIL FOR JEWISH ELDERLY3003 W TOUHY AVENUE CHICAGO,IL 60645	36-2727597	501C3	374,460				SOCIAL & NUTRTION SERVICES FOR THE ELDERLY HELP SENIORS ENROLL IN BENEFITS ASSISTANCE PROGRAMS
CRESTWOOD CARE CENTER14255 SOUTH CICERO CRESTWOOD,IL 60445	45-3916224	N/A	11,238				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EAST CENTERAL ILLINOIS AAA1003 MAPLE HILL ROAD BLOOMINGTON,IL 61704	37-0982325	501C3	4,000				MEDICARE FRAUD PATROL
EGYPTIAN AREA AGENCY ON AGING200 E PLAZA DR CARTERVILLE,IL 62918	37-1053330	501C3	9,000				MEDICARE FRAUD PATROL
EUROPEAN SERVICES AT HOME49 WEST SLADE STREET PALATINE,IL 60067	36-4466621	N/A	23,839				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF EVANSTON2100 RIDGE AVENUE EVANSTON,IL 60201	36-6005870	MUNICIPALITY	98,929				SOCIAL, NUTRITION, LONG TERM CARE SERVICES FOR ELDERLY & PEOPLE WITH DISABILITIES ASSISTANCE FOR FILLING OUT PHARMACEUTICAL ASSISTANCE PROGRAMS MEDICARE ASSISTANCE
FAITH CATHEDRAL CHURCH3100 S CHARLES ROAD BELLWOOD,IL 60104	02-0584052	CHURCH	6,000				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY
FORD HEIGHTS COMMUNITY SERVICE943 E LINCOLN HIGHWAY FORD HEIGHTS,IL 60411	36-2658308	501C3	48,234				NUTRITION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRISBIE SENIOR CENTER 52 E NORTHWEST HIGHWAY DES PLAINES,IL 60016	36-2884456	501C3	35,736				NUTRITION SERVICES FOR ELDERLY
GLENVIEW TERRACE NURSING CENTER1511 GREENWOOD ROAD GLENVIEW,IL 60025	36-2846112	N/A	1,200				RESPITE ASSISTANCE FOR CAREGIVERS
GREATER CHICAGO FOOD DEPOSITORY4100 WEST ANN LURIE PL CHICAGO,IL 60632	36-2971864	501C3	12,873				NUTRITION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HANOVER TOWNSHIP240 SOUTH ILLINOIS ROUTE 59 BARTLET,IL 60103	36-2750477	501C3	84,061				SOCIAL & NUTRITION SERVICES FOR ELDERLY ASSISTANCE FOR FILLING OUT PHARMACEUTICAL ASSISTANCE PROGRAMS & MEDICARE ASSISTANCE
HANUL FAMILY ALLIANCE 1166 S ELMHURST ROAD MOUNT PROSPECT,IL 60056	36-3519498	501C3	153,373				SOCIAL, NUTRITION, & MEDICARE SERVICES FOR MINORITY ELDERLY
HEALTH & DISABILITY ADVOCATES205 W MONROE SUITE 200 CHICAGO,IL 60606	36-4042562	501C3	50,000				MAKE MEDICARE WORK

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HELP AT HOME INC1 N STATE STREET SUITE 1500 CHICAGO,IL 60606	36-2820808	N/A	95				RESPITE ASSISTANCE FOR CAREGIVERS
HOME & HEARTH CAREGIVERS122-B CALENDAR AVENUE LA GRANGE,IL 60525	36-4432410	N/A	1,273				RESPITE ASSISTANCE FOR CAREGIVERS
HOME INSTEAD ELK GROVE450 E HIGGINS ROAD SUITE 202 ELK GROVE VILLAGE,IL 60007	65-0971608	N/A	9,459				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOME INSTEAD SENIOR CARE LA GRANGE475 WEST 55TH STREET SUITE 105 LA GRANGE,IL 60525	65-0971608	N/A	6,700				RESPITE ASSISTANCE FOR CAREGIVERS
HOME INSTEAD OAK PARK 6901 WEST NORTH AVENUE SUITE 1F OAK PARK,IL 60302	65-0971608	N/A	3,504				RESPITE ASSISTANCE FOR CAREGIVERS
HOMEWATCH CAREGIVERS 900 SKOKIE BLVD STE 126 NORTHBROOK,IL 60062	27-0417451	N/A	6,774				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KENNETH YOUNG CENTERS1001 ROHLWING RD ELK GROVE VILLAGE,IL 60007	23-7181444	501C3	578,466				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY ADULT PROTECTIVE SERVICES MEDICARE ASSISTANCE ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
LEGAL ASSISTANCE FOUNDATION OF CHICAGO120 S LA SALLE STREET CHICAGO,IL 60604	36-2754650	501C3	875,062				OMBUDSMAN & LEGAL ASSISTANCE FOR ELDERLY LEGAL ASSISTANCE FOR NON-PARENT RELATIVES RAISING CHILDREN
LEYDEN FAMILY SERVICES SENIOR CITIZENS PROGRAM10001 W GRAND AVE FRANKLIN PARK,IL 60131	36-2235147	501C3	104,924				SOCIAL SERVICES FOR THE ELDERLY ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS MEDICARE ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LUTHERAN HOME & SERVICES800 WEST OAKTON ARLINGTON HEIGHTS,IL 60004	36-3375902	501C3	1,752				RESPITE ASSISTANCE FOR CAREGIVERS
MA'DEAR HOME SERVICES 44 WEST 162ND STREET SOUTH HOLLAND,IL 60473	36-4212859	N/A	3,995				RESPITE ASSISTANCE FOR CAREGIVERS
METROPOLITAN ASIAN FAMILY SERVICES7541 N WESTERN CHICAGO,IL 60645	36-3925432	501C3	154,378				SOCIAL & NUTRITION SERVICES FOR MINORITY ELDERLY MEDICARE ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
METROPOLITAN FAMILY SERVICES2510 MAIN STREET SKOKIE,IL 60077	36-2167940	501C3	214,670				SENIOR ELDER ABUSE PREVENTION & EDUCATION
MIDLAND AAA434 S POPLAR STREET CENTRALIA,IL 62801	37-0968177	501C3	9,000				MEDICARE FRAUD PATROL
NEIGHBORHOOD UNITED METHODIST1817-19 WASHINGTON BLVD MAYWOOD,IL 60153	36-6067368	CHURCH	6,000				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NORTHEASTERN ILLINOIS AAAPO BOX 809 KANKAKEE,IL 60901	36-2743881	501C3	10,000				MEDICARE FRAUD PATROL
NORTHWESTERN ILLINOIS AAA2576 CHARLES STREET ROCKFORD,IL 61108	36-2742719	501C3	13,000				MEDICARE FRAUD PATROL
NORTH SHORE SENIOR CENTER161 NORTHFIELD RD NORTHFIELD,IL 60093	36-2366074	501C3	784,764				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY, ADULT PROTECTIVE SERVICES, ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS, MEDICARE ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OAK PARK TOWNSHIP418 S OAK PARK AVE OAK PARK,IL 60302	36-6006388	501C1	388,305				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY ADULT PROTECTIVE SERVICES ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS MEDICARE ASSISTANCE
OPEN COMMUNITIES614 LINCOLN AVENUE 1ST FLOOR WINNETKA,IL 60093	36-2934709	501C3	39,218				SOCIAL SERVICES FOR THE ELDERLY
ORLAND TOWNSHIP14807 RAVINIA ORLAND PARK,IL 60462	36-2779637	MUNICIPALITY	10,177				MEDICARE ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OUR LADY OF MOUNT CARMEL1101 23RD AVE MELROSE PARK,IL 60160	36-2270057	501C3	58,507				NUTRITION SERVICES FOR THE MINORITY ELDERLY
PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL505 S QUENTIN RD PALATINE,IL 60067	36-2781764	501C3	193,069				SOCIAL & NUTRITION SERVICES FOR ELDERLY ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS MEDICARE ASSISTANCE
PALOS AREA TRANSPORTATION SERVICES FOR THE ELDERLY10426 S ROBERTS RD PALOS HILLS,IL 60465	81-0556995	501C1	16,702				SOCIAL SERVICES FOR THE ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PALOS HILLS EXTENDED CARE10426 SOUTH ROBERTS PALOS HILLS,IL 60465	27-2979337	N/A	7,830				RESPITE ASSISTANCE FOR CAREGIVERS
PALOS TOWNSHIP10802 SOUTH ROBERTS RD PALOS HILLS,IL 60465	36-6053776	MUNICIPALITY	1,235				SENIOR HEALTH INSURANCE PROGRAM
PLOWS COUNCIL ON AGING7808 W COLLEGE DRIVE SUITE 5E PALOS HEIGHTS,IL 60463	36-2882809	501C3	1,018,793				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY ADULT PROTECTIVE SERVICES ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS MEDIARE ACCESS & ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROGRESS CENTER FOR INDEPENDENT LIVING 7521 MADISON FOREST PARK,IL 60130	36-3595485	501C3	23,750				PROVIDE ACCESS TO PUBLIC SUPPORT PROGRAMS FOR ELDERLY & PEOPLE WITH DISABILITIES PROVIDE MEDICARE EDUCATION, OUTREACH, & POLICY DEVELOPMENT
RICH TOWNSHIP22013 GOVERNORS HIGHWAY RICHTON PARK,IL 60471	36-6008440	501C1	52,111				NUTRITION SERVICES FOR ELDERLY
RIGHT AT HOME - ALGONQUIN409 S MAIN ALGONQUIN,IL 60102	33-1069548	N/A	9,219				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RIGHT AT HOME - ROSELLE400 WEST LAKE STREET ROSELLE,IL 60172	36-4367015	N/A	6,075				RESPITE ASSISTANCE FOR CAREGIVERS
SALVATION ARMY4800 N MARINE DRIVE CHICAGO,IL 60640	36-2167909	501C3	15,708				SOCIAL SERVICES FOR THE ELDERLY
SALVATION ARMY - BLUE ISLAND2900 W BURR OAK AVE BLUE ISLAND,IL 60406	36-2167909	501C3	80,243				NUTRITION SERVICES FOR ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SCHAUMBURG TOWNSHIP SENIOR SERVICES1 ILLINOIS BOULEVARD HOFFMAN ESTATES,IL 60169	36-2499040	MUNICIPALITY	24,000				SOCIAL SERVICES FOR THE ELDERLY
SENIORS ASSISTANCE CENTER7774 WIRVING PARK RD NORRIDGE,IL 60706	36-2918912	501C3	260,359				SOCIAL & NUTRITION SERVICES FOR ELDERLY ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
SHAY HEALTH CARE SERVICES5730 WEST 159TH STREET OAK FOREST,IL 60452	36-3127077	N/A	20,967				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SMILE & LOVE75 GAYLORD STREET ELK GROVE VILLAGE,IL 60007	27-2132518	N/A	8,303				RESPITE ASSISTANCE FOR CAREGIVERS
SOLUTIONS FOR CARE 7222 WEST CERMAK RD 200 NORTH RIVERSIDE,IL 60546	23-7176798	501C3	439,592				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY ADULT PROTECTIVE SERVICES PROVIDE MEDICARE EDUCATION, OUTREACH, & POLICY DEVELOPMENT ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS, & CENSUS OUTREACH
SOUTHEASTERN ILLINOIS AAA516 MARKET STREET MTCARMEL,IL 62863	37-0986597	501C3	9,000				MEDICARE FRAUD PATROL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STICKNEY TOWNSHIP OFFICE ON AGING7745 S LEAMINGTON BURBANK,IL 60160	36-6006465	501C1	361,490				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY ADULT PROTECTIVE SERVICES ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS MEDICARE ASSISTANCE
ST PAUL LUTHERAN CHURCH1025 WEST LAKE STREET MELROSE PARK,IL 60160	36-2205992	CHURCH	5,000				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY
TOWNSHIP OF SCHAUMBURG1 ILLINOIS BOULEVARD HOFFMAN ESTATES,IL 60169	36-2499040	MUNICIPALITY	5,131				ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS MEDICARE ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THORNTON TOWNSHIP SENIOR CENTER333 EAST 162ND STREET SOUTH HOLLAND,IL 60473	36-6006473	501C1	64,492				SOCIAL SERVICES FOR ELDERLY ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
UNIVERSITY OF ILLINOIS AT CHICAGO - DEPARTMENT OF PHARMACY PRACTICE833 S WOOD M/C 886 CHICAGO,IL 60612	37-6000511	501C3	25,750				HEALTH PROMOTION SERVICES FOR ELDERLY
URHAI COMMUNITY SERVICE CENTER2945 W PETERSON AVE S-204 CHICAGO,IL 60659	36-4427299	501C3	22,395				SOCIAL & NUTRITION SERVICES FOR MINORITY ELDERLY MEDICARE ASSITANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VIDA ABUDANTE1819 SOUTH 54TH AVENUE CICERO,IL 60804	36-3720414	501C3	5,000				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY
VILLAGE OF WHEELING199 N FIRST STREET WHEELING,IL 60090	36-6006156	501C1	32,557				NUTRITION SERVICES FOR THE ELDERLY ASSISTANCE ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS
VISITING ANGELS - BROOKFIELD9211 ODGEN AVE BROOKFIELD,IL 60513	20-0135316	N/A	2,266				RESPITE ASSISTANCE FOR CAREGIVERS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WEST CENTRAL ILLINOIS AAA1125 HAMPSHIRE PO BOX 428 QUINCY,IL 62306	23-7392059	501C3	9,000				MEDICARE FRAUD PATROL
WESTERN ILLINOIS AAA 729 34TH AVENUE ROCK ISLAND,IL 61201	36-2801332	501C3	13,000				MEDICARE FRAUD PATROL
WHEELING TOWNSHIP 1616 ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS,IL 60004	36-3879756	MUNICIPALITY	1,500				MEDICARE ASSISTANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WHITE CRANE WELLNESS CENTER1657 W FOSTER CHICAGO,IL 60640	36-3719545	501C3	58,710				HEALTH PROMOTION SERVICES FOR ELDERLY
XILIN ASSOCIATION1163 E OGDEN NAPERVILLE,IL 60563	36-3890616	501C3	183,124				SOCIAL & NUTRITION SERVICES FOR MINORITY ELDERLY MEDICARE ASSITSTANCE
YMCA OF BERWYN CICERO 2947 SOUTH OAK PARK AVE BERWYN,IL 60402	36-2702522	501C3	4,838				NUTRITION SERVICES FOR THE ELDERLY

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
AGEOPTIONS INC

Employer identification number
36-2806193

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

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SCHEDULE 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

Open to Public Inspection

Name of the organization	Employer identification number
AGEOPTIONS INC	36-2806193

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, PRIOR TO THE OCTOBER BOARD MEETING THE "BOARD OF DIRECTORS/ADVISORY COUNCIL DISC LOSURE STATEMENT" IS MAILED TO ALL MEMBERS THE COMPLETED FORM IS REQUIRED TO BE SUBMITTED PRIOR TO OR AT THAT MEETING THE COMPLETED, RETURNED, SIGNED STATEMENTS ARE REVIEWED FOR ANY CONFLICTS IF ANY THEY ARE RESOLVED ADDITIONALLY, AS EACH NEW MEMBER IS ADDED TO THE BOARD THIS STATEMENT IS COMPLETED PRIOR TO THE BOARD APPROVAL OF THE NEW MEMBER
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD HAS THE AUTHORITY TO HIRE, EMPLOY AND COMPENSATE THE CHIEF EXECUTIVE OFFICER WHO WILL CARRY OUT THE RESPONSIBILITIES AS OUTLINED IN THE BY-LAWS (SEE SECTION 3 5 BELOW) T HE BOARD RETAINS THE AUTHORITY TO ESTABLISH COMPENSATION GUIDELINES FOR ANNUAL SALARY AND COMPENSATION REVIEWS THE FINANCE COMMITTEE WILL REVIEW AND APPROVE THE AGENCY BUDGET INCL UDING THE IDENTIFICATION OF RESOURCES FOR COMPENSATION OF EMPLOYEES THE EXECUTIVE COMMITT EE WILL REVIEW AND APPROVE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER AND KEY EMPLOYEES ANNUALLY IT WILL BE A GOAL TO CONDUCT COMPREHENSIVE COMPENSATION REVIEWS AND REVIEW THE C OMPENSATION PHILOSOPHY AT A MINIMUM OF EVERY FIVE YEARS AND MORE FREQUENTLY, AS THE BOARD DESIRES EXCERPT FROM AGEOPTIONS BY-LAWS SECTION 3 5 PRESIDENT THE PRESIDENT SHALL BE TH E CHIEF EXECUTIVE OFFICER OF THE CORPORATION HIRED BY THE BOARD AND SHALL HAVE RESPONSIBIL ITY FOR THE GENERAL AND ACTIVE MANAGEMENT OF THE AFFAIRS, ACTIVITIES AND DAILY BUSINESS OF THE CORPORATION, SUBJECT TO ALL POLICIES AND PROCEDURES ADOPTED BY THE BOARD SUBJECT TO THE DIRECTION AND CONTROL OF THE BOARD, HE/SHE SHALL BE IN CHARGE OF ENSURING THAT THE RES OLUTIONS AND DIRECTIVES OF THE BOARD ARE CARRIED OUT, EXCEPT IN THOSE INSTANCES IN WHICH T HE BOARD OR THESE BY-LAWS ASSIGN THAT RESPONSIBILITY TO SOME OTHER PERSON EXCEPT IN THOSE INSTANCES IN WHICH THE BOARD EXPRESSLY DELEGATES THE EXCLUSIVE AUTHORITY TO EXECUTE TO AN OTHER OFFICER OR AGENT OF THE CORPORATION, THE PRESIDENT, WITH AUTHORITY FROM THE BOARD OR EXECUTIVE COMMITTEE, SHALL SIGN FOR THE CORPORATION ANY AGREEMENTS, APPLICATIONS, CONTRAC TS, DEEDS, MORTGAGES, BONDS OR OTHER INSTRUMENTS AND GRANT AWARDS, OBLIGATING THE CORPORAT ION'S ACTION OR FUNDS IN ADDITION TO THE AUTHORITY CONFERRED ON THE PRESIDENT IN THESE BY LAWS, THE BOARD MAY AUTHORIZE ANY OTHER OFFICER OR OFFICERS, AGENT OR AGENTS, INCLUDING BU T NOT LIMITED TO THE PRESIDENT, TO ENTER INTO ANY CONTRACT OR EXECUTE AND DELIVER ANY INST RUMENT IN THE NAME OF AND ON BEHALF OF THE CORPORATION, AND SUCH AUTHORITY MAY BE GENERAL OR CONFINED TO SPECIFIC INSTANCES THE PRESIDENT SHALL EMPLOY AND DIRECT ALL PERSONNEL NEC ESSARY FOR THE CONDUCT AND WORK OF THE CORPORATION AND SHALL PERFORM SUCH OTHER DUTIES AS MAY BE ASSIGNED BY THE BOARD THE PRESIDENT OR HIS/HER DESIGNEE SHALL ATTEND-ALL MEETINGS OF THE BOARD AND OF THE EXECUTIVE COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST