

## Return of Organization Exempt From Income Tax

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

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

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2016 calendar year, or tax year beginning

, 2016, and ending

, 20

B Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization **Area Agency on Aging 11**

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

5555 Youngstown-Warren Rd Suite 2685 2nd Floor

City or town, state or province, country, and ZIP or foreign postal code

Niles OH 44446

D Employer identification number

34-1194060

E Telephone number

330-505-2355

G Gross receipts \$

F Name and address of principal officer

H(a) Is this a group return for subordinates?  Yes  NoH(b) Are all subordinates included?  Yes  No

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

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

J Website: ►

H(c) Group exemption number ►

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation

1975

M State of legal domicile

OH

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities. <b>Mission Statement-Area Agency on Aging 11 works with people, community and organizations to plan and prepare for aging through education, advocacy, and implementation</b>		
	2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	16
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .	5	123
	6	Total number of volunteers (estimate if necessary) . . . . .	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	
	8	Contributions and grants (Part VIII, line 1b) . . . . .	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g) . . . . .	19,196,497	20,850,298
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-5320	10,091
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	667,598	673,731
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	19,858,775	21,534,120
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	11,830,618	12,808,271
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	6,084,356	6,439,543
	16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	b	Total fundraising expenses (Part IX, column (D), line 25) ► . . . . .		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	1,504,636	1,553,104
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	19,419,610	20,800,918
	19	Revenue less expenses. Subtract line 18 from line 12 . . . . .	439,165	733,202
Net Assets or Fund Balances				Beginning of Current Year
	20	Total assets (Part X, line 16) . . . . .	3,592,151	4,309,033
	21	Total liabilities (Part X, line 26) . . . . .	1,365,273	1,348,952
	22	Net assets or fund balances. Subtract line 21 from line 20 . . . . .	2,226,878	2,960,081

**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	 Donald Dockry	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

1 Briefly describe the organization's mission:

**Mission Statement- Area Agency on Aging 11, Inc. works with people, community, and organizations, to plan and prepare for aging through education, advocacy, and implementation**2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

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

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

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

4a (Code: \_\_\_\_\_) (Expenses \$ 7,813,243 including grants of \$ 5,144,397) (Revenue \$ 7,813,243)  
**Passport Program****Passport served 586 seniors/clients. Services included personal care, homemaker, adult day care, and other services.****For individuals who meet the medicaid guidelines for Passport home care services are offered as an alternative to nursing home care.**4b (Code: \_\_\_\_\_) (Expenses \$ 4,620,730 including grants of \$ 4,164,536) (Revenue \$ 4,620,730)  
**Assisted Living Program****Assisted living program served 250 seniors/clients****Individuals enrolled in the Assisted Living Program must be able to pay monthly room and board to the facility and medicaid pays a state rate for the package of services for the facility offerers.**4c (Code: \_\_\_\_\_) (Expenses \$ 1,570,842 including grants of \$ 1,570,842) (Revenue \$ 1,540,506)  
**Title III-C Program****Title -C provided 314,469 meals.**4d Other program services (Describe in Schedule O.)  
(Expenses \$ 5,145,031 Including grants of \$ 1,899,313) (Revenue \$ 5,175,367)

4e Total program service expenses ► 19,149,846

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? . . . . .

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* . . . . .

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* . . . . .

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* . . . . .

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* . . . . .

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* . . . . .

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete *Schedule D, Part III* . . . . .

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* . . . . .

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* . . . . .

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.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete *Schedule D, Part VI* . . . . .
- 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* . . . . .
- 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* . . . . .
- 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* . . . . .
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete *Schedule D, Part X* . . . . .
- 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* . . . . .

12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete *Schedule D, Parts XI and XII* . . . . .

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 . . . . .

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete *Schedule E* . . . . .

14 a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .

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* . . . . .

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* . . . . .

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* . . . . .

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) . . . . .

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* . . . . .

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* . . . . .

	Yes	No
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	
10	✓	
11a	✓	
11b	✓	
11c	✓	
11d	✓	
11e	✓	
11f	✓	
12a	✓	
12b	✓	
13	✓	
14a	✓	
14b	✓	
15	✓	
16	✓	
17	✓	
18	✓	
19	✓	

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

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .  
 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .

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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .  
 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  
 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? . . . . .  
 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .

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 . . . . .  
 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 . . . . .

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 . . . . .

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 . . . . .

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 . . . . .  
 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . . . .  
 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 . . . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .

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 . . . . .

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 . . . . .

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .  
 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 . . . . .

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 . . . . .

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 . . . . .

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.

	Yes	No
20a	✓	
20b	✓	
21	✓	
22		✓
23	✓	
24a	✓	
24b	✓	
24c	✓	
24d	✓	
25a	✓	
25b	✓	
26	✓	
27	✓	
28a	✓	
28b	✓	
28c	✓	
29	✓	
30	✓	
31	✓	
32	✓	
33	✓	
34	✓	
35a	✓	
35b	✓	
36	✓	
37	✓	
38	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	9
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
1c	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	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	✓
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	✓
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?	7b	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	✓
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	✓
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	9a	✓
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	✓
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
b	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
c	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. . . . .  
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1a 16

1b 16

2 ✓

3 ✓

4 ✓

5 ✓

6 ✓

7a ✓

7b ✓

8a ✓

8b ✓

9 ✓

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

10a Did the organization have local chapters, branches, or affiliates? . . . . .  
 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?

10a ✓

10b ✓

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

11a

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  
 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .

12a ✓

12b ✓

12c ✓

13 ✓

14 ✓

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
 a The organization's CEO, Executive Director, or top management official . . . . .  
 b Other officers or key employees of the organization . . . . .  
 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

15a ✓

15b ✓

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? . . . . .  
 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? . . . . .

16a ✓

16b ✓

### Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request  Other (explain in Schedule O)

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

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

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director or trustee	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(15) Tim Chesney	0		✓					0	0	0
(16) Leslie Dunlap	0		✓					0	0	0
(17) Joseph Ross	40				✓			115,618	0	13,142
(18) Donald Dockry	40				✓			88,508	0	11,666
(19) Anthony Cario	40				✓			86,069	0	11,572
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							►	<b>290,195</b>		<b>36,380</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							►			
<b>d Total (add lines 1b and 1c)</b>							►	<b>290,195</b>		<b>36,380</b>
<b>2</b>	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►									
3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									
									Yes	No
									3	✓
									4	✓
									5	✓

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b>	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions; Gifts; Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>			
	<b>b</b> Membership dues	<b>1b</b>			
	<b>c</b> Fundraising events	<b>1c</b>			
	<b>d</b> Related organizations	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	20,850,298		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f				
<b>h</b> <b>Total.</b> Add lines 1a-1f		<b>20,850,298</b>			
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2a</b>				
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
<b>g</b> <b>Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)				
	<b>4</b> Income from investment of tax-exempt bond proceeds		<b>10,091</b>		
	<b>5</b> Royalties				
	<b>6a</b> Gross rents	(i) Real			
	<b>b</b> Less rental expenses				
	<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)				
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
<b>b</b> Less cost or other basis and sales expenses					
<b>c</b> Gain or (loss)					
<b>d</b> Net gain or (loss)					
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
<b>b</b> Less direct expenses	b				
<b>c</b> Net income or (loss) from fundraising events					
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	a				
<b>b</b> Less direct expenses	b				
<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	a				
<b>b</b> Less cost of goods sold	b				
<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
<b>11a</b> home choice	301,038				
<b>b</b> client liability passport	105,648				
<b>c</b> client liability united healthcare	63,616				
<b>d</b> All other revenue	203,429				
<b>e</b> <b>Total.</b> Add lines 11a-11d	<b>673,731</b>				
<b>12</b> <b>Total revenue.</b> See instructions.	<b>21,534,120</b>				

**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 . . .	12,779,088	12,779,088		
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 . . .	326,575		326,575	
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 . . .	4,172,805	3,583,255	589,550	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	204,646	153,853	50,793	
9 Other employee benefits . . .	1,408,781	1,122,835	285,946	
10 Payroll taxes . . .	326,737	259,460	67,277	
11 Fees for services (non-employees):				
a Management . . .	219,398	157,870	61,528	
b Legal . . .	23,052	16,817	6235	
c Accounting . . .				
d Lobbying . . .				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . .				
12 Advertising and promotion . . .	33,213	29,297	3916	
13 Office expenses . . .	64,046	48,808	15,238	
14 Information technology . . .				
15 Royalties . . .				
16 Occupancy . . .	172,184	118,090	54,094	
17 Travel . . .	400,384	359,281	41,103	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . .				
20 Interest . . .				
21 Payments to affiliates . . .				
22 Depreciation, depletion, and amortization . . .				
23 Insurance . . .	31,532	23,501	8031	
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 telephone	140,453	114,890	25,563	
b postage	15,386	9033	6353	
c equipment purchases	169,367	123,840	45,527	
d dues	26,977	18,390	8,587	
e All other expenses	286,294	231,538	54,756	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	20,800,918	19,149,846	1,651,072	
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1	
	2 Savings and temporary cash investments	2,381,468	1,837,050
	3 Pledges and grants receivable, net	1,016,213	2,233,075
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	16,970	11,556
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less. accumulated depreciation	10b	10c
	11 Investments—publicly traded securities	177,500	227,352
	12 Investments—other securities. See Part IV, line 11	12	
	13 Investments—program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>3,592,151</b>	<b>4,309,033</b>
Liabilities	17 Accounts payable and accrued expenses	17	274,103
	18 Grants payable	18	1,074,849
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>1,365,273</b>	<b>1,348,952</b>
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/></b> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	2,960,081
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/></b> 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	33	2,960,981
	<b>34 Total liabilities and net assets/fund balances</b>	<b>3,592,151</b>	<b>4,309,033</b>

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	21,534,120
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	20,800,918
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	733,202
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	2,226,878
5	Net unrealized gains (losses) on investments . . . . .	5	
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	2,960,081

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
2a	✓	
2b	✓	
2c	✓	
3a	✓	
3b	✓	

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Name of the organization

Area Agency on Aging Inc

Employer identification number

34-1194060

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	27,854,270	28,654,287	23,201,278	19,196,497	20,850,298	119,756,630
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 <b>Total.</b> Add lines 1 through 3 . . . . .	27,854,270	28,654,287	23,201,278	19,196,497	20,850,298	119,756,630
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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4 . . . . .	27,854,270	28,654,287	23,201,278	19,196,497	20,850,298	119,756,630
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	25,992	16,066	26,082	-5320	10,091	72,911
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . .	651,929	593,155	512,290	667,598	673,731	3,098,703
<b>11 Total support.</b> Add lines 7 through 10						122,928,244
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	97 4 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	15	97 6 %
<b>16a 33<sup>1/3</sup>% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1/3</sup> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b 33<sup>1/3</sup>% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1/3</sup> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) **N/A**

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 . . .						
<b>6 Total.</b> Add lines 1 through 5 . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17 . . . . .	18	%
<b>19a 33 1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.) N/A

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 12a or 12b 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 I of Schedule L (Form 990 or 990-EZ).	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 <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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	

**Part IV Supporting Organizations (continued)**

N/A

11 Has the organization accepted a gift or contribution from any of the following persons?

- 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?
- A family member of a person described in (a) above?
- 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**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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.

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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

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).

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.

	Yes	No
1		
2		
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).

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

2 Activities Test. **Answer (a) and (b) below.**

- 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.
- 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.

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

- 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**.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

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

N/A

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

<b>Section A - Adjusted Net Income</b>		(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		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	8		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	8		
<b>Section C - Distributable Amount</b>			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		
<b>6 Distributable Amount</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

N/H  
Current Year

**Section D - Distributions**

- 1 Amounts paid to supported organizations to accomplish exempt purposes
- 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity
- 3 Administrative expenses paid to accomplish exempt purposes of supported organizations
- 4 Amounts paid to acquire exempt-use assets
- 5 Qualified set-aside amounts (prior IRS approval required)
- 6 Other distributions (describe in **Part VI**). See instructions.
- 7 Total annual distributions.** Add lines 1 through 6.
- 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions
- 9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013 . . .			
d From 2014 . . .			
e From 2015 . . .			
f <b>Total of lines 3a through e</b>			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7:	\$		
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013 . . .			
c Excess from 2014 . . .			
d Excess from 2015 . . .			
e Excess from 2016 . . .			

**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.)

N/A

**SCHEDULE I**  
(Form 990)

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

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Area Agency on Aging 11, Inc.

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AA Medical Supply 8221 Washington St Chagrin Falls OH	203205538	na	4491				medical supplies
(2) Access to Independence 4960 S Prospect St Ravenna OH	341389369	na	31885				personal care
(3) Accord Home Services 400 Niles Cortland Rd SE Warren OH	201078645	na	280212				personal care
(4) ADT Security Systems 9100 Market Place Broadview Hts OH	581814102	na	1526				emergency response
(5) Advantage Nursing Care 850 N Meridian Rd Ste A Y	460676233	na	76648				personal care
(6) Always Best Care 527 Market St East Liverpool OH	463438450	na	70200				personal care
(7) Alzheimers Assoc. Great East OH 70 W Streetsboro Ste 201 Hudson OH	341454446	5013c	71388				alzheimer's respite
(8) Angulus Farm Market 9610 Columbiania Canfield Rd Canfield OH	204877791	na	9410				nutrition
(9) Antoinette Sisters 2675 N Lipkey Rd North Jackson OH	341749370	5013c	123818				adult day care
(10) Area Agency on Aging 11 5555 Yo-Wrn Rd #2685 Niles OH	341194060	5013c	115964				ombudsman
(11) Ashtabula Community Action 6920 Austintburg Rd Ashtabula OH	341059824	5013c	391998				meals
(12) Ashtabula Cnty Commissioners 2924 Donahue Dr Ashtabula OH	341095126	na	28969				transportation

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

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

► -----  
► -----  
► -----

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

Cat. No. 50055P

Schedule I (Form 990) (2016)

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

Open to Public  
Inspection

Employer identification number

**2016**  
34-1194060

**Area Agency on Aging 11, Inc.**

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	2 (b) EIN	3 (c) IRC section (if applicable)	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of noncash assistance	8 (h) Purpose of grant or assistance
(1) Ashtabula Cty Council on Aging 3225 Lake Ave Ashtabula OH	237263183	5013c	17491				senior center
(2) Ashtabula Reg Home Hth 3349 Jefferson Rd POBox 1428 Ashtabula	341143158	5013c	112021				personal care
(3) ASAPN 275 W Jefferson St Jefferson OH		501c	5000				protective services
(4) Assisted Living Ministry Svcs 650 St Clair Ave East Liverpool OH	203163633	na		53493			assisted living
(5) Associated Neighborhood Ctrs. 1649 Jacobs Rd Youngstown OH	340714812	5013c	7684				transportation
(6) Austintown Residential 5295 Ashley Circle Austintown OH	300886223	na		33756			assisted living
(7) Bed Bug Burners 330 Tallmadge Rd Unit F2 Kent OH	472721037	na		15089			pest control
(8) Ben Rudick & Son 865 E Indiana Ave Youngstown OH	340501744	na		96526			home repair
(9) Boardman Medical Supply 300 N State St Girard OH	341360782	na		18766			medical supplies
(10) Brookdale Senior Living 330 N Washbush 1400 Chicago IL	391771281	na		16117			assisted living
(11) Callos Nursing Systems, 1032 Bdmn Cnfd Rd Ste 102 Boardman OH	010591443	na		344923			personal care
(12) Catalpa Grove Farm 41473 OH-14 Columbiana OH 44408	341704377	na		3460			nutrition

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

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

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

Cat No 50055P

Schedule I (Form 990) (2016)

**SCHEDULE I**  
(Form 990)

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

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

► Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service  
Name of the organization

Area Agency on Aging 11, Inc.

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Cambridge Home Health 1098 E State St Ste B Salem OH	341772292	na	44774				personal care
(2) Care4me 1285 E Pidgeon Rd Ste A Salem OH	800757112	na	25512				personal care
(3) Caring Hands 885 S Sawbuck Rd Ste 107 Alliance OH	341505340	na	19510				personal care
(4) Caregivers Health Service 1156 W Western Reserve Rd YqstnOH	341876184	na	17269				personal care
(5) Caring Companions Mentor Ave Ste 207G Springfield OH	472226423	na	780				personal care
(6) Caretenders of Cleveland 130 HubbardChurchill Yqstn OH	611306845	na	102592				personal care
(7) Casleo Corp. dba. Global Meals 2761 E 4th Ave Columbus OH	311423817	na	41925				meals
(8) Catholic Charities Regional Agcy 319 W Rayen Ave Youngstown OH	340714330	5013c	36571				supportive services
(9) Champion Estates/Omni One Windsor Place Warren OH	341274356	na	31976				assisted living
(10) City of Girard 100 W Main St Girard OH	346001227	na	8678				transportation
(11) Cleveland Area Alzheimer Assoc 8522 East Ave Mentor OH	341311175	5013c	11038				alzheimer's
(12) Coleman Professional Services 552 N Park Ave Warren OH	341240178	na	2323				personal care

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

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

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

Cat. No. 50055P

Schedule I (Form 990) (2016)

OMB No 1545-0047  
**2016**

Open to Public  
Inspection

Employer identification number

34-1194030

**SCHEDULE I**  
(Form 990)

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

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Area Agency on Aging 11, Inc.

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	1(b) EIN	1(c) IRC section (if applicable)	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of noncash assistance	1(h) Purpose of grant or assistance
(1) <u>Comfort Keepers</u> 805 Mahoning Ave Box 1552 Yqtn OH	311508559	na	690766				personal care
(2) <u>Community Action Agency</u> 7880 Lincoln PL Lisbon OH	346565185	5013c	85856				transportation
(3) <u>Community Caregivers</u> 888 BdmnCnfd Rd Ste D Bdmn OH	341864940	na	6432				personal care
(4) <u>Community Commons</u> 1340 Mahoning Ave NW Warren OH	340899610	na	92232				personal care
(5) <u>Community Home Health</u> 60 N CanfieldNiles Rd Ste 500 Yqtn OH	341789552	na	64972				personal care
(6) <u>Community Legal Aid</u> 50 S Main St 8th Flr Akron OH	340753560	5013c	38322				legal services
(7) <u>Compass Family Sys Agency</u> 535 Marion Ave Youngstown OH	340713662	5013c	9785				protective services
(8) <u>Complete HealthCare</u> 215 N Market St Minerva OH	431963687	na	1107				personal care
(9) <u>Continuum Home Health</u> 1110 Lake Ave Ashtabula OH	341631785	na	24721				personal care
(10) <u>Continuum Home dba Capital</u> 1110 Lake Ave Ashtabula OH	341631785	na	14982				personal care
(11) <u>Connect America</u> 1 Belmont Ave Ste 1200 BalaCynwyd PA	200664997	na	1075				personal care
(12) <u>Copeland Oaks</u> 800 S 15th St Sebring OH	340941565	na	169593				assisted living

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

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

Cat No. 50055P

Schedule I (Form 990) (2016)

**SCHEDULE I**  
(Form 990)

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

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

► Attach to Form 990.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Area Agency on Aging 11, Inc.

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

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

Employer identification number

34-1194060

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section (if applicable)	1 (d) Amount of cash grant	1 (e) Amount of non-cash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of noncash assistance	1 (h) Purpose of grant or assistance
(1) Cornerstone 8110 South Ave Site 4 Boardman OH	3116969552	na	36491				personal care
(2) Country Club Retirement Ctr 926 E 26th St Ashtabula OH	341424223	na	546313				assisted living
(3) Country Neighbor 39 S Maple St POBox 212 Orwell OH	341331627	5013c	154027				personal care
(4) Countryside Farmers & Garden 5586 Kennedy Rd Lowellville OH		na	1415				nutrition
(5) Countryside at the Elmwood 8117 Elmwood Dr Hubbard OH	461967578	na	106145				assisted living
(6) Critical Signal Technologies 27475 Meadowbrook Rd Novi MI	205117627	na	1262				personal care
(7) Crossroad at Beaver Creek 13280 Echo Dell Rd E Liverpool OH	201505947	na	174861				assisted living
(8) Dillion Farm Market 36108 Kelch Rd Lisbon OH	471254382	na	520				nutrition
(9) Duraline Medical 324 Werner St Box 67 Leipsic OH	364057006	na	38479				medical equipment
(10) Easter Seals Society 299 Edwards St Youngstown OH	346004377	5013c	1133988				meals
(11) EDL dba Briarfield Manor 461 S Canfield Rd Austintown OH	200415171	na	77250				assisted living
(12) Essex Healthcare dba Mer Arms 1209 Indiana Ave St Marys OH	5823337900	na	98330				assisted living

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

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

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

Cat No. 50055P

Schedule I (Form 990) (2016)

**SCHEDULE I**  
(Form 990)

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

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Area Agency on Aging 11, Inc.

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	2 (b) EIN	3 (c) IRC section (if applicable)	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of noncash assistance	8 (h) Purpose of grant or assistance
609 Vienna Ave Niles OH	113702983	na	14117				personal care
705 Oakwood St #221 Ravenna OH	341902451	5013c	12084				rsvp
(3) Frenkor dba Visiting Angels							personal care
409 E Second St Salem OH	470931844	na	5128				nutrition
(4) Gardenview Acres 3310 Watson Marshall Rd McDonald OH	465696164	na	705				senior center
(5) Gasper's Garden 5720 W South Range Rd Salem OH	431584235	na	270				assisted living
(6) Girard Multi-Generational 443 Trumbull Ave Girard OH	341937126	5013c	22203				assisted living
(7) Grace Woods Senior Living 730 Youngstown Warren Rd Niles OH	201824940	na	232168				protective services
(8) Grace Woods of Salem 1165 Benton Rd Rt 14 Salem OH	260346554	na	79919				personal care
(9) Guardian Med Monitoring 18000 W Eight Mile Rd Southfield MI	383432082	na	3200				emergency response
(10) Guardianship & Protective 1371 Church St Mineral Ridge OH	202115144	na	28692				protective services
(11) Hampton Woods dba Woodlands 1525 E Western Res Rd Poland OH	271692427	na	66859				assisted living
(12) Haven Home Care 11366 Cleveland Ave Ste B Uniontown OH	341864840	na	2885				personal care

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

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

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

Cat No 50055P

Schedule I (Form 990) (2016)

2016

Open to Public  
Inspection

OMB No 1545-0047

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Area Agency on Aging 11, Inc.	Employer identification number
	34-1194060

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	1(b) EIN	1(c) IRC section (if applicable)	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of noncash assistance	1(h) Purpose of grant or assistance
(1) Health Care Bridge 24011 Greenlawn Ave Beachwood OH	432030126	na	27377				personal care
(2) Help Hotline PO Box 46 Youngstown OH	341196630	5013c	13997				information
(3) Heritage Home Care 1005 Franklin Ave Toronto OH	341742232	na	18064				personal care
(4) Home Care Advantage 718 E Third St Ste C Salem OH	341758970	na	186894				personal care
(5) Home Care Network 3976 A Fulton Rd NW Canton OH	311397386	na	67890				personal care
(6) Homestyle Direct 2032 Highland Ave E Twin Falls ID		na	846				personal care
(7) Homecare With Heart 110 Debartolo PL Youngstown OH	200618346	na	155667				personal care
(8) Hooberry Assc dba Allen Dell AL 2200 Milton Blvd Newton Falls OH	341470851	na	51838				assisted living
(9) Horst Produce 5490 St Rt 164 Leetonia OH		na	205				nutrition
(10) Huffman Fruit Farm 13075 Lisbon Rd Salem OH		na	735				nutrition
(11) Humility House 755 Ohltown Rd Austintown OH	341894783	na	93693				assisted living
(12) Interfaith Home Maintenance 1005 W Rayen Ave Youngstown OH	341219024	5013c	97910				home repair

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

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

Cat No 50055P

Schedule I (Form 990) (2016)

**SCHEDULE I**  
(Form 990)

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

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► Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service  
Name of the organization

Area Agency on Aging 11, Inc.

**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" on 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.

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(1) Info Line 703 S Main St #211 Akron OH	341170391	na	3017				emergency response
(2) Inn at Ironwood 6699 Ironwood Blvd Canfield OH	271254472	na	19268				assisted living
(3) Iron Roots Urban Farm 820 Canfield Rd Youngstown OH	264117989	na	105				nutrition
(4) Josh Barb dba Community Care 888 BdsmCanfd Rd Ste D Bdsm OH	205563902	na	108423				personal care
(5) Laurie Ann Home Health 2200 Milton Blvd Newton Falls OH	341844770	na	21875				personal care
(6) Legal Aid of Cleveland 1223 W Sixth St Cleveland OH	340866026	5013c	14032				legal services
(7) Legacy Visiting Health Services 3660 Starr Centre Dr #A Canfield OH	454907311	na	24116				personal care
(8) Legends Home Health & Comp 2921 Chapel Rd Ashtabula OH	165168907	na	21157				personal care
(9) Lifeline 111 Lawrence St MS-29 Framingham MA	311256947	na	19428				emergency response
(10) Lisbon Nursing Care Center 100 Vista Dr Lisbon OH	200322973	na	77509				assisted living
(11) May, Donald		na	20				nutrition
(12) MAPN 535 Marmion Ave Youngstown OH	340713662	5013c	332				protective services

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

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Cat No 50055P

Schedule I (Form 990) (2016)

**SCHEDULE I**  
(Form 990)

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

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Department of the Treasury  
Internal Revenue Service  
Name of the organization

Area Agency on Aging 11, Inc.

OMB No 1545-0047

**2016**

Open to Public  
Inspection

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

Name of the organization

Employer identification number

34-1194060

**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	1(b) EIN	1(c)IRC section (if applicable)	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of noncash assistance	1(h) Purpose of grant or assistance
(1) Marian Living Center 9800 Market St North Lima OH	341013695	na	139666				assisted living
(2) Market St dba Inn at Glenellen 9661 Market St North Lima OH	454910026	na	135483				assisted living
(3) Mahoning Health Dept 50 Westchester Dr Youngstown OH		na	4758				personal care
(4) Maxim Healthcare 110 W WesternReserve Rd Poland OH	521590951	na	76520				personal care
(5) Miller Rental Sales 623 N Meridian Rd Youngstown OH	341041763	na	470				medical equipment
(6) MedScope Am Corp 259 E Lancaster Ave Ste 101 Wynnewood PA	232991908	na	3448				personal care
(7) Moriarty Consultants 25 E Boardman St Ste 605 Ypsn OH	841660820	na	189936				personal care
(8) Mothers Karing Touch 7941 Salem Lisbon Rd Lisbon OH	030451435	na	120026				personal care
(9) MYCAP 1325 Fifth Ave Youngstown OH	340969202	5013c	13548				transportation
(10) Navgroup Vent dba Villa at Lake 48 Parish Rd Conneaut OH	312621969	na	369457				assisted living
(11) NCH Intrepid 1170 E Broad St Ste 101 Elyria OH	341479650	na	2966				personal care
(12) Newton Falls 19 N Canal St Newton Falls OH	346002022	na	6081				transportation

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

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Cat No 50055P

Schedule I (Form 990) (2016)

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

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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

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OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Employer identification number

34-1194060

**Area Agency on Aging 11, Inc.**

**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

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(1) Miles Residential 2567 Niles Vienna Rd Niles OH	320477776	na	47415				assisted living
(2) Noble Health Care 6 Federal Plaza Ctr Ste 703 Yqstn OH	454722345	na	206117				personal care
(3) Ohio Preb dba Park Vista 1216 Fifth Ave Youngstown OH	344429863	5013c	125814				adult day care
(4) Ohio Preb dba Lake Vista 303 N Mecca St Cortland OH	344429863	5013c	7600				assisted living
(5) Ohio Valley Home Health PO Box 80 East Liverpool OH	341014198	5013c	162979				personal care
(6) Omni West dba Liberty Arms 1353 ChurchillHubbard Rd Yqstn OH	341517472	na	121809				assisted living
(7) Omni West Al 3259 Vestal Rd Youngstown OH	341517472	na	260574				assisted living
(8) Omni Manor dba Windsor Estate 5240 Windsor Way NW Middletown OH	341274356	na	262164				assisted living
(9) Orion Austiamburg 2026 S R 45 Austiamburg OH	260240140	na	251172				assisted living
(10) Over the Rainbow 110 Windsor Cortland OH	311500314	na	121937				adult day care
(11) Peace Valley Orchards 5667 Adams Rd Rogers OH	341168558	na	1420				nutrition
(12) Phillips Healthcare dba Caring 1577 Woodland St NE Warren OH	454803395	na	1335				personal care

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Cat. No. 50055P

Schedule I (Form 990) (2016)

**SCHEDULE I**  
(Form 990)

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

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Department of the Treasury  
Internal Revenue Service  
Name of the organization

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

Area Agency on Aging 11, Inc.

**Part I General Information on Grants and Assistance**

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

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

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(1) 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 noncash assistance	(h) Purpose of grant or assistance
(1) Priority Home Health 2904 N Ridge Rd Perry OH	341594309	na	149110				personal care
(2) Purfoods dba Moms Meals 3210 SE 72nd St Ankeny IA	412096639	na	287943				meals
(3) Rands Raisings 50462 Calcutta Smith Ferry Rd Calcutta OH	461371760	na	523006				nutrition
(4) Real Care Home Care 29 Jackson St Hubbard OH	341545387	na	1750				personal care
(5) RK Woods dba Equal Access PO Box 65 Lowellville OH	341545387	na	23079				personal care
(6) Rural Metro 5171 Canal Rd Cuyahoga Hts OH	341778398	na	8906				transportation
(7) Sacred Arms 907 SR 46 Columbiana OH	341955908	na	120729				personal care
(8) Salem VNA 718 E Third St Ste A Salem OH	340709901	na	14888				personal care
(9) Sanctuary of Geneva 200 Commerce Place Geneva OH	341971153	na	66360				personal care
(10) Sanctuary Skilled 925 E 26th St Ashtabula OH	260342593	na	81580				personal care
(11) Sateri Home 755 Bdsm Cnfd Rd Youngstown OH	341243226	na	107232				assisted living
(12) Schenley Mgt Inn at Christine 3150 S Schenley Ave Youngstown OH	341893248	na	29634				assisted living

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

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Schedule I (Form 990) (2016)

Cat No 50055P



**SCHEDULE I**  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990.

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**2016**  
**Open to Public  
Inspection**

Name of the organization

Area Agency on Aging 11, Inc.

**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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	2 (b) EIN	3 (c) IRC section (if applicable)	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of noncash assistance	8 (h) Purpose of grant or assistance
(1) Valley Home Health	731721721	na	7048				personal care
755 Bdmm Crnd Rd STe N1 Bdmm OH							
(2) VanPeits Farm Market	471473927	na	8700				nutrition
39963 St Rt 14 Salem OH							
(3) VanPeits Fresh Produce		na	1645				
4069 UnityLine Rd New Waterford OH							
(4) Village of Jefferson							
25 E Jefferson St Jefferson OH	346001508	na	4971				transportation
(5) Vista Care of MR dba Vista Ridge							
3379 Main St Mineral Ridge OH	204202829	na	144402				
(6) Western Reserve Catering							
12621 Chillicothe Rd Chesterland OH	043696982	na	136136				meals
(7) Whitehouse Fruit Farm							
9249 Youngstown Salem Rd Canfield	341010534	na	4425				
(8) YAJF dba Heritage Manor							
517 Gypsy Ln Youngstown OH	340714442	na	29345				
(9) Yo Area Jewish Fed Levy Gard							
584 Granada Ave Youngstown OH	340714442	5013c	67179				
(10) Youngstown Contracting							
1909 Twin Oaks Dr Girard OH	341043234	na	73433				
(11) .....							
(12) .....							

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

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

Cat. No. 50055P

Schedule I (Form 990) (2016)

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

## **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.**

OMB No 1545-0047

2016

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**Employer identification number**

Area Agency on Aging 11, Inc

34-1194060

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

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

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

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

**Part VI line 19- Documents made available upon request.**

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