

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

2949320200818 8

OMB No 1545-0047

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.**2017****Open to Public Inspection**

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Area Agency on Aging 11
	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
	F Name and address of principal officer
D Employer identification number 34-1194060	
E Telephone number 330-505-2355	
G Gross receipts \$	
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: ▶
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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. Mission Statement-Area Agency on Aging works with people, community, and organizations to plan and prepare for aging through education, advocacy, and implementation.		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	137
	6 Total number of volunteers (estimate if necessary)	6	
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	OGDEN, 20,850,298	27,604,371
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,091	24,083
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	673,731	526,611
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,534,120	28,155,065
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,808,271	14,841,868
	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)	6,439,543	8,247,612
Expenses	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)	1,553,104	2,212,033
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	20,800,918	25,301,513
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	733,202	
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,309,033	7,153,194
	22 Net assets or fund balances. Subtract line 21 from line 20	1,348,952	1,339,561
		2,960,081	5,813,633

Part II Signature Block

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

Sign Here	Signature of officer <i>Donald Pockry</i>	Date 6-15-18			
	Type or print name and title Donald Pockry CFO				
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** (2017)

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Mission Statement-Area Agency 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 \$ 9,821,897 including grants of \$ 6,493,942) (Revenue \$ 9,821,897)Passport ProgramPassport served 611 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 \$ 4,534,965 including grants of \$ 4,071,778) (Revenue \$ 4,534,965)Assisted Living ProgramAssisted Living programs served 289 senior/clientsIndividuals 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 \$ 1,527,321 including grants of \$ 1,507,250) (Revenue \$ 1,527,321)Title III-C PrgramTitle III-C provided 312,519 meals.**4d** Other program services (Describe in Schedule O.)(Expenses \$ 7,581,262 including grants of \$ 2,768,898) (Revenue \$ 7,581,262)**4e** Total program service expenses **23,465,445**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yes No

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	137			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		✓		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓	
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			✓	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			✓	
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			✓	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			✓	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			✓	
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			✓	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			✓	
10	Section 501(c)(7) organizations. Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b				

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		✓
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		✓
6 Did the organization have members or stockholders? 6		✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	✓	
b Each committee with authority to act on behalf of the governing body? 8b	✓	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		✓

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) John Palermo	0	<input checked="" type="checkbox"/>						0	0	0
(16) Daniel Van Dussen	0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(17) Gary Williams	0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(18) Joseph Rossi	40				<input checked="" type="checkbox"/>			135,030	0	14,803
(19) Donald Dockry	40				<input checked="" type="checkbox"/>			103,129	0	11,895
(20) Anthony Cario	40				<input checked="" type="checkbox"/>			99,999	0	11,749
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								338,158		38,447
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								338,158		38,447

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

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Section B. Independent Contractors

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	27,604,371			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		27,604,371			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		24,083			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory					
			(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18					
	a						
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
	a						
	b	Less: direct expenses					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a	level of care		196,544				
b	client liability passport		86,995				
c	trumbull repair grant other		72,937				
d	All other revenue		170,135				
e	Total. Add lines 11a-11d		526,611				
12	Total revenue. See instructions.		28,155,065				

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	14,841,868	14,841,868		
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	338,158		338,158	
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	5,527,071	4,741,443	785,628	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	288,626	225,350	63,276	
9 Other employee benefits	1,671,256	1,492,241	179,015	
10 Payroll taxes	422,501	341,498	81,003	
11 Fees for services (non-employees)				
a Management				
b Legal	173,623	130,159	43,464	
c Accounting	22,500	15,842	6,658	
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	24,976	20,991	3,985	
13 Office expenses	76,876	58,939	17,937	
14 Information technology				
15 Royalties				
16 Occupancy	224,807	156,155	68,652	
17 Travel	449,619	403,653	45,966	
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	34,724	24,899	9,825	
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	181,547	148,430	33,117	
b postage	10,314	9,539	775	
c equipment purchases	282,281	217,525	64,756	
d dues	34,251	22,972	11,279	
e All other expenses	696,515	613,942	82,573	
25 Total functional expenses. Add lines 1 through 24e	25,301,513	23,465,445	1,836,067	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,837,050	2	5,521,682
	3 Pledges and grants receivable, net	2,233,075	3	1,415,823
	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	11,556	9	33,758
	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	227,352	11	181,931
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,309,033	16	7,153,194	
Liabilities	17 Accounts payable and accrued expenses	274,103	17	336,397
	18 Grants payable	1,074,849	18	1,003,164
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,348,952	26	1,339,561
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,960,081	27	5,813,633
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.	2,960,981	33	5,813,633	
34 Total liabilities and net assets/fund balances.	4,309,033	34	7,153,194	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	28,155,065
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,301,513
3	Revenue less expenses. Subtract line 2 from line 1	3	2,853,552
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,960,081
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	5,813,633

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Employer identification number

Area Agency on Aging 11, Inc

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)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	28,654,287	23,201,278	19,196,497	20,850,298	27,604,371	119,506,731
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	28,654,287	23,201,278	19,196,497	20,850,298	27,604,371	119,506,731
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						119,506,731

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	28,654,287	23,201,278	19,196,497	20,850,298	27,604,371	119,506,731
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,066	26,082	-5,320	10,091	24,083	71,002
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.)	591,155	512,290	667,598	673,731	526,611	2,917,385
11 Total support. Add lines 7 through 10						122,549,118
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	97.5 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	97.6 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. 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 Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 Part VI .		
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).		
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).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 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 Part VI .		
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.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

N/A

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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.		

Section E. Type III Functionally Integrated Supporting Organizations

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

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Current Year

1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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

OMB No 1545-0047

2017

**Open to Public
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Department of the Treasury
Internal Revenue Service

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Name of the organization

Employer identification number

Area Agency on Aging 11, Inc.

34-1194060

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 non-cash assistance	(h) Purpose of grant or assistance
(1) AA Medical Supply 8221 Washington St Chagrin Falls OH	203205538	na	21				medical supplies
(2) Access to Independence 4960 S Prospect St Ravenna OH	341389369	na	32206				personal care
(3) Accord Home Services 400 Niles Cortland Rd SE Warren OH	201078645	na	85599				personal care
(4) ActivStyle, Inc. 1701 Broadway St NE Minneapolis MN	411875463	na	61				personal care
(5) Addus Home Care 1406 Cadiz Rd Wintersville OH	272920131	na	11846				personal care
(6) ADT Security Systems 9100 Market Place Broadview Hts OH	581814102	na	19080				emergency response
(7) Advantage Nursing Care 850 N Meridian Rd Ste A Youngstown	460676233	na	97065				personal care
(8) Always Best Care 527 Market St East Liverpool OH	463438450	na	126461				personal care
(9) Alzheimer Assoc Great East OH 70 W Streetsboro Ste 201 Hudson OH	341454446	5013c	61538				alzheimer's respite
(10) Anquilis Farm Market 9610 Columbiana Canfield Rd Canfield OH	204877791	na	24560				nutrition
(11) Antonine Sisters 2675 N Lipkey Rd North Jackson OH	341749370	5013c	183810				adult day care
(12) Answer Care 4150 Belden Village S1NW Canton OH	900858468	na	16006				personal care

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

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

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Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Area Agency on Aging 11 5555 Yo-Wm Rd #2885 Niles OH	341194060	5013c	203464				ombudsman
(2) Ashtabula Community Action 6920 Austinburg Rd Ashtabula OH	341059824	5013c	424936				meals
(3) Ashtabula Cnty Commissioners 2924 Donahue Dr Ashtabula OH	341095126	na	21289				transportation
(4) Ashtabula Cty Council on Aging 3225 Lake Ave Ashtabula OH	237263183	5013c	17491				senior center
(5) Ashtabula Reg Home Hlth 3349 Jefferson Rd POBox 1428 Ashtabula	341143158	5013c	61499				personal care
(6) ASAPN 275 W Jefferson St Jefferson OH		501c	5000				protective services
(7) Assisted Living Ministry Svs 650 St Clair Ave East Liverpool OH	203163633	na	57760				assisted living
(8) Associated Neighborhood Ctrs 1649 Jacobs Rd Youngstown OH	340714812	5013c	8071				transportation
(9) Austintown Residential 5295 Ashley Circle Austintown OH	300886223	na	65074				assisted living
(10) Bed Bug Burners 330 Tallmadge Rd Unit F2 Kent OH	472721037	na	21302				pest control
(11) Ben Rudick & Son 865 E Indianola Ave Youngstown OH	340501744	na	70287				home repair
(12) Boardman Medical Supply 300 N State St Girard OH	341360782	na	14402				medical supplies

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34-1194060

Part I General Information on Grants and Assistance

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

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

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 non-cash assistance	(h) Purpose of grant or assistance
(1) Brookside, Senior Living, 330 N Washbush 1400 Chicago IL	391771281	na	11756				assisted living
(2) Brungard Farm, 4653 Middletown Rd New Middletown	341736882	na	630				nutrition
(3) Callos Nursing Systems, 1032 Bdmn Cnfd Rd Ste 102 Boardman OH	010591443	na	49281				personal care
(4) Catalpa Grove Farm, 41473 OH-14 Columbiana OH 44408	341704377	na	3995				nutrition
(5) Cambridge Home Health, 1098 E State St Ste B Salem OH	341772292	na	53958				personal care
(6) Campbell's Herb Veggie Patch, 548 Oak Knoll Ave SE Warren OH	494909138	na	50				nutrition
(7) Care4Me, 1285 E Pidgeon Rd Ste A Salem OH	800757112	na	42441				personal care
(8) Caring Hands Health Services, 885 S Sawburg Rd Ste107 Alliance	341505340	na	24850				personal care
(9) Caring Hearts Health Services, 333 Bobbitt Rd #242 Euclid OH	462583770	na	4418				personal care
(10) Caregivers Health Service, 1156 W Western Reserve Rd Ygstin	341876184	na	17852				personal care
(11) Caring Companions, 7537 Mentor Ave Ste207G Springfield OH	472226423	na	209009				personal care
(12) Caretenders of Cleveland, 130 HubbardChurchill Ygstin OH	611306845	na	172956				personal care

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

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

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Department of the Treasury
Internal Revenue Service
Name of the organization

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Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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) Casleo Corp dba Global Meals 2761 E 4th Ave Columbus OH	311423817	na	61069				meals
(2) Catholic Charities Regional 319 W Rayen Ave Youngstown OH	340714330	5013c	47270				supportive services
(3) Champion Estates/Omni One Windsor Place Warren OH	341274356	na	39664				assisted living
(4) Christian Revival 1514 Virginia Ave Youngstown OH			9600				
(5) City of Girard 100 W Main St Girard OH	346001227	na	4451				transportation
(6) Cleveland Area Alzheimer Asso 8522 East Ave Mentor OH	341311175	na	13797				alzheimer's
(7) Coleman Professional Services 552 N Park Ave Warren OH	341240178	na	1897				personal care
(8) Comfort Keepers 805 Mahoning Ave Box 1552 Yqtn OH	311508559	na	1271726				personal care
(9) Community Action Agency 7880 Lincole Pl Lisbon OH	346565185	5013c	65159				transportation
(10) Community Caregivers 888 BdmnCnld Rd Ste D Bdmn OH	341864840	na	139290				personal care
(11) Comfort Care A Van (Mirkin) 805 Mahoning Ave Box 1552 Yqtn OH	311508559	na	15306				transportation
(12) Community Commons 1340 Mahoning Ave NW Warren OH	340899610	na	82972				personal care

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12**

3 Enter total number of other organizations listed in the line 1 table **0**

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Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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Name of the organization

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Employer identification number

34-1194060

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 non-cash assistance	(h) Purpose of grant or assistance
(1) Community Home Health 60 N Canfield Niles Rd Ste500 Ypsin OH	341789552	na	91167				personal care
(2) Community Legal Aid 50 S Main St 8th Floor Akron OH	340753560	5013c	38329				legal services
(3) Compass Family Svs Agency 535 Marmion Ave Youngstown OH	340713662	5013c	77473				protective services
(4) Continuum Home Health 1110 Lake Ave Ashtabula OH	341631785	na	44031				personal care
(5) Connect America 1 Belmont Ave Ste 1200 BalaCynwyd PA	200664997	na	17001				personal care
(6) Converse Jim 238 Broadway Youngstown OH	284400443		1695				nutrition
(7) Copeland Oaks 800 S 15th St Sebring OH	340941565	na	121301				assisted living
(8) Country Club Retirement Cir 926 E 26th St Ashtabula OH	341424223	na	516063				assisted living
(9) Country Neighbor Program 39 S Maple St POBox 212 Orwell OH	341331627	5013c	177663				personal care
(10) Countryside Farmers 5586 Kennedy Rd Lowellville OH	293667982	na	1990				nutrition
(11) Countryside at the Elmwood 817 Elmwood Dr Hubbard OH	461967578	na	101004				assisted living
(12) Critical Signal Technologies 27475 Meadowbrook Rd Novi MI	205117627	na	3520				personal care

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

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

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Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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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
- 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 non-cash assistance	(h) Purpose of grant or assistance
(1) Crossroad at Beaver Creek 13280 Echo Dell Rd E Liverpool OH	201505947	na	104686				assisted living
(2) Decor Built Construction 1130 Pelion Pl The Villages FL	341635338	na	18526				
(3) Dillion Farm Market 36180 Kelch Rd Lisbon OH	471254382	na	310				nutrition
(4) Duraline Medical 324 Werner St Box 67 Leipsic OH	364057006	na	21146				medical equipment
(5) Easter Seals Society 299 Edwards St Youngstown OH	346004377	5013c	1236188				meals
(6) EDL dba Briarfield Manor 461 S Canfield Rd Austintown OH	200415171	na	70570				assisted living
(7) Essex Healthcare dba Mer Arms 1209 Indiana Ave St Marys OH	582337900	na	62639				assisted living
(8) Evergreen Healthcare Services 609 Vienna Ave Niles OH	113702983	na	13965				personal care
(9) Family & Community Svcs 705 Oakwood St #221 Ravenna OH	341902451	5013c	8423				rsvp
(10) Field Fresh Farm 2472 Rt 307 E Jefferson OH	292460779	na	285				nutrition
(11) FirstLight Home Care 4390 Mahoning Ave Ygstin OH		na	127256				personal care
(12) Frencor dba Visiting Angels 409 E Second St Salem OH	470931844	na	4580				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) (2017)

**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.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

Area Agency on Aging 11, Inc.

34-1194060

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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) Gardenview Acres, 3310 Watson Marshall Rd McDonald OH	465696164	na	230				nutrition
(2) Gasper's Garden 5720 W South Range Rd Salem OH	431584235	na	445				nutrition
(3) Ginger Gorge Organics, 10144 Dennison Ashabula Rd Orwell OH	474012733	na	150				nutrition
(4) Girard Multi-Generational 443 Trumbull Ave Girard OH	341937126	5013c	17664				senior center
(5) Grace Services 715 N Meridian Rd Youngstown OH	341304688	na	9961				pest control
(6) Grace Woods Senior Living 730 Youngstown Warren Rd Niles OH	201824940	na	222355				assisted living
(7) Grace Woods of Salem 1166 Benton Rd Rt 14 Salem OH	260346554	na	57957				assisted living
(8) Guardian Med Monitoring 18000 W Eight Mile Rd Southfield MI	383432082	na	6197				emergency response
(9) Guardianship & Protective Svs 1371 Church St Mineral Ridge OH	202115144	na	28692				protective services
(10) Hampton Woods dba Woodland 1525 E Western Res Rd Poland OH	271692427	na	83771				assisted living
(11) Haven Home Care 11366 Cleveland Ave Ste B Uniontown OH	341864840	na	8176				personal care
(12) Health Care Bridge 24011 Greenlawn Ave Beachwood OH	432030126	na	32059				personal care
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							
3 Enter total number of other organizations listed in the line 1 table							

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Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
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(1) Help Network of NE Ohio PO Box 46 Youngstown OH	341196630	5013c	14666				information
(2) Heritage Home Care 1005 Franklin Ave Toronto OH	341742232	na	23052				personal care
(3) Home Care Advantage 718 E Third St Ste C Salem OH	341758970	na	157713				personal care
(4) Home Care by Callos 1375 S Main St #101 North Canton OH	471070940	na	360449				personal care
(5) Home Care Network 3976 A Fulton Rd NW Canton OH	311397386	na	68172				personal care
(6) Homecare with Heart 110 Debartolo Pl Youngstown OH	200618346	na	158713				personal care
(7) Home Products 1250 W Dorothy Ln Ste 303 Dayton	412198038	na	17159				
(8) Hooberry Assoc db Allen Deil AL 2200 Milton Blvd Newton Falls OH	341470851	na	25322				assisted living
(9) Horst Produce 5490 St Rt 164 Leetonia OH	291023022	na	500				nutrition
(10) Huffman Fruit Farm 13075 Lisbon Rd Salem OH	275443647	na	1515				nutrition
(11) Humility House 755 Ohtown Rd Austintown OH	341894783	na	127029				assisted living
(12) Interfaith Home Maintenance 1005 W Rayen Ave Youngstown OH	341219024	5013c	72955				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							

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Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
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(1) Info Line							
703 S Main St #211 Akron OH	341170391	na	3083				emergency response
(2) Inn at Ironwood							
669 Ironwood Blvd Canfield OH	271254472	na	95709				assisted living
(3) Iron Roots Urban Farm							
820 Canfield Rd Youngstown OH	264117989	na	290				nutrition
(4) Jacks Mountain Orchards							
27645 Kettering Rd East Rochester	281505956	na	380				nutrition
(5) James Natural Products							
1760 Depot Rd Salem OH	281861104	na	365				nutrition
(6) Josh Barb dba Community Care							
888 BdmnCanfld Rd Ste D Bdmn OH	205563902	na	8626				personal care
(7) KSMS dba Clearview Lantern							
596 Champion Ave W Warren OH	352489758	na	104727				assisted living
(8) La La Love Healthcare							
176 12th St Campbell OH 44405	463643113	na	162839				personal care
(9) Land Mass							
			7178				
(10) Laurie Ann Home Health							
2200 Milton Blvd Newton Falls OH	341844770	na	9301				personal care
(11) Lantern of Saybrook							
3720 N Ridge W Ashtabula OH	473869957	na	9024				
(12) Legal Aid of Cleveland							
1223 W Sixth St Cleveland OH	340866026	5013c	14032				legal services
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							►
3 Enter total number of other organizations listed in the line 1 table							►

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Cat No 50055P

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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Part I General Information on Grants and Assistance

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☒ Yes ☐ No

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(1) Legacy Visiting Health Services 3660 Starr Centre Dr #A Canfield OH	454907311	na	17206				personal care	
(2) Legends Home Health & Comp 2921 Chapel Rd Ashtabula OH	165168907	na	48224				personal care	
(3) Lifeline 111 Lawrence St MS-29 Framingham MA	311256947	na	24422				emergency response	
(4) Lisbon Nursing Care Center 100 Vista Dr Lisbon OH	200322973	na	74418				assisted living	
(5) MAPN 535 Marmion Ave Youngstown OH	340713662	5013c	362				protective services	
(6) Marian Living Center 9800 Market St North Lima OH	341013695	na	110926				assisted living	
(7) Market St dba Inn at Glenellen 9661 Market St North Lima OH	454910026	na	154348				assisted living	
(8) Mahoning County Sheriff's 110 5th Ave Youngstown OH		na	12500					
(9) Mahoning County Health Dept 50 Westchester Dr Youngstown OH	346001777	na	7404				personal care	
(10) Maxim Healthcare 110 W Western Reserve Rd Poland	521590951	na	87073				personal care	
(11) Medical Service 24000 Broadway Ave Cleveland OH	340819770	na	100					
(12) Miller Rental Sales 623 N Meridian Rd Youngstown OH	341041763	na	36915				medical equipment	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								▲
3 Enter total number of other organizations listed in the line 1 table								▲

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Part I General Information on Grants and Assistance

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☒ Yes ☐ No

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(1) MedScope Am Corp 259 E Lancaster Ave Ste 101 Wynnewood PA	232991908	na	4815				personal care
(2) Moriarty Consultants 25 E Boardman St Ste 605 Ygstin OH	841660820	na	74647				personal care
(3) Mothers Karing Touch 7941 Salem Lisbon Rd Lisbon OH	030451435	na	92464				personal care
(4) MYCAP 1325 Fifth Ave Youngstown OH	340969202	5013c	29263				transportation
(5) Natural Excellence Farm 8173 Parker Rd Orwell OH	284624488	na	160				nutrition
(6) Navigroup Vent dba Villa at Lak 48 Parrish Rd Conneaut OH	312621969	na	320310				assisted living
(7) New Leaf Residential 25 N Canfield Niles Rd Ste 140 Aust	200308078	na	226				
(8) Newton Falls 19 N Canal St Newton Falls OH	346002022	na	273				transportation
(9) Niles Residential 2567 Niles Vienna Rd Niles OH	320477776	na	93582				assisted living
(10) Noble Health Care 6 Federal Plaza Cir Ste 703 YgstinOH	454722345	na	42752				personal care
(11) Ohio Living Home Health 6715 Tippecanoe Rd Bldg E Ste 210 Cnflid	272564811	na	17181				
(12) Ohio Preb dba Park Vista Reur 1216 Fifth Ave Youngstown OH	344429863	5013c	90887				adult day care
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) (2017)

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Department of the Treasury
Internal Revenue Service
Name of the organization

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Part I General Information on Grants and Assistance

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(1) Ohio Preb dba Lake Vista 303 N Mecca St Corland OH	344429863	5013c	17445				assisted living
(2) Ohio Valley Home Health Svcs PO Box 80 East Liverpool OH	341014198	5013c	150505				personal care
(3) Omni West dba Liberty Arms 1353 ChurchillHubbard Rd Ygstin OH	341571472	na	135329				assisted living
(4) Omni West AL 3259 Vestal Rd Youngstown OH	341571472	na	269880				assisted living
(5) Omni Manor dba Windsor Est 5240 Windsor War NMiddletown OH	341274356	na	248782				assisted living
(6) Orion Austinburg 2026 SR 45 Austinburg OH	260240140	na	298052				assisted living
(7) Over the Rainbow 110 Windsor Cortland OH	311500314	na	125339				assisted living
(8) Peace Valley Orchards 5667 Adams Rd Rogers OH	341168558	na	1155				nutrition
(9) Priority Home Health 2904 N Ridge Rd Perry OH	341594309	na	353256				personal care
(10) Purfoods dba Moms Meal 3210 SE 72nd St Ankeny IA	412096639	na	470063				meals
(11) Rands Raisings 50462 Calcutta Smith Ferry Rd Calcutta OH	341769106	na	2150				nutrition
(12) Real Care Home Care 29 Jackson St Hubbard OH	461371760	na	802698				personal care

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(1) RK Woods dba Equal Access PO Box 65 Lowellville OH	341545387	na	46256				personal care
(2) Rural Metro 5171 Canal Rd Cuyahoga Hts OH	341778398	na	11106				transportation
(3) South II Leasing dba Commons 8060 South Avenue Boardman OH	261835705	na	5746				
(4) Sacred Arms 907 SR 46 Columbiana OH	341955908	na	153547				personal care
(5) Salem VNA 718 E Third St Ste A Salem OH	340709901	na	17932				personal care
(6) Sanctuary of Geneva 200 Commerce Place Geneva OH	341971153	na	117928				personal care
(7) Sanctuary Skilled 925 E 26th St Ashtabula OH	260342593	na	47442				personal care
(8) Sateri Home 755 Bdmn Cnfd Rd Youngstown OH	341243226	na	195857				assisted living
(9) Schenley Mgt Inn at Christine 3150 S Schenley Ave Ygstin OH	341893248	na	47423				assisted living
(10) Seeley Medical 104 Parker Dr PO Box 699 Andover	341220431	na	42688				medical equipment
(11) Shepherd of the Valley 1500 McKinley Ave Nile SOH	341147594	na	22735				assisted living
(12) Simply EZ HDM Ne Ohio 1130 A Damar Dr Akron OH	261666185	na	133136				meals

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(1) Sleepy Hollow Farm 3730 Hallock Young Rd Newton Falls	300386882	na	235				nutrition
(2) Stahl's Farm Market 19436 N Benton Rd N Benton OH	341617637	na	230				nutrition
(3) Stouffers Farm Market 34433 State Rt 172 Lisbon OH	271549747	na	510				nutrition
(4) TAPN PO Box 256 Brookfield OH	205433563	5013c	5000				protective services
(5) TCAP 1230 Palmyra Rd Warren OH	340967140	5013c	16975				transportation
(6) Titan Construction 3827 Mahoning Ave Austintown OH	346750823	na	18555				home repair
(7) Trumbull County Commissioner 160 High St NW Warren OH	346002841	na	485310				meals
(8) TVC Home Health Care 602 Yo Poland Rd Youngstown OH	743140459	na	26928				personal care
(9) United Methodist Church 2401 Belmont Ave Youngstown OH	341006737	403b	8808				supportive services
(10) Valley Home Health 755 Bdmn Crfd Rd Ste N1 Bdmn OH	731721721	na	7542				personal care
(11) VanPelt Farm Market 39963 St Rt 14 Salem OH	471473927	na	7630				nutrition
(12) VanPelt Fresh Produce 4069 UnityLine Rd New Waterford OH	286824341	na	1605				nutrition

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) (2017)

**SCHEDULE I
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(1) Village of Jefferson 25 E Jefferson St Jefferson OH	346001508	na	6617				transportation
(2) Vista Care of MR dba Vista Ridge 3379 Main St Mineral Ridge OH	204202829	na	15135				assisted living
(3) VRI 1400 Commerce Center Dr Franklin	311274364	na	105270				
(4) Western Reserve IL 4076 Youngstown Rd SE Warren OH			623				
(5) Western Reserve Catering 12621 Chillicothe Rd Chesterland OH	043696982	na	147489				meals
(6) Whitehouse Fruit Farm 9249 Youngstown Salem Rd Canfield	341010534	na	15775				nutrition
(7) VAJF dba Heritage Manor 517 Gypsy Ln Youngstown OH	340714442	na	53076				meals
(8) Yo Area Jewish Fed Levy Gard 584 Granada Ave Youngstown OH	340714442	5013c	43591				personal care
(9) Youngstown BG Opco dba Canif 2300 Canfield Rd Youngstown OH	813240597	na	13281				assisted living
(10) Youngstown Contracting 1909 Twin Oaks Dr Girard OH	341043234	na	62290				home repair
(11)							
(12)							

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) (2017)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2017

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Name of the organization

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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, trnasportation ,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 Memembrs who request a copy.

Part VI line 12c- Employees and Board members complete a Conflict of interest form at least 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.