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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 10-01-2017 , and ending 09-30-2018

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

C Name of organization
AGEOPTIONS INC
(FKA SUBURBAN AREA AGENCY ON AGING)

Doing business as

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

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

D Employer identification number
36-2806193

E Telephone number
(708) 383-0258

G Gross receipts $ 19,441,961

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW AGEOPTIONS ORG

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

L Year of formation 1974

M State of legal domicile IL

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	65
6	Total number of volunteers (estimate if necessary)	6	102
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	8,020

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	16,264,227	19,096,555
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,293	47,035
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	204,427	239,008
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,516,947	19,382,598
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,053,839	15,216,666
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,528,916	2,900,029
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶69,489		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,212,471	1,079,084
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	16,795,226	19,195,779
	19	Revenue less expenses Subtract line 18 from line 12	-278,279	186,819
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	5,828,280	5,535,111
	21	Total liabilities (Part X, line 26)	4,160,076	3,665,642
	22	Net assets or fund balances Subtract line 21 from line 20	1,668,204	1,869,469

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

****** 2019-05-20
Signature of officer Date

DIANE SLEZAK PRESIDENT & CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JILL M BOYLE CPA	JILL M BOYLE CPA	2019-05-22		P01246734

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 9,260,564 including grants of $ 8,466,391) (Revenue $)

See Additional Data

4b (Code) (Expenses $ 6,474,165 including grants of $ 6,464,975) (Revenue $)

See Additional Data

4c (Code) (Expenses $ 141,642 including grants of $ 55,935) (Revenue $)

See Additional Data

(Code) (Expenses $ 413,556 including grants of $ 229,365) (Revenue $)

ALL OTHER PROGRAMS

4d Other program services (Describe in Schedule O)

(Expenses $ 413,556 including grants of $ 229,365) (Revenue $)

4e **Total program service expenses** ▶ 16,289,927

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	**26**		

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a** 18			
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** 65			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
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**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		**14b**		

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

THE GOAL OF THE THREE YEAR PROJECT IS TO EXPAND STATEWIDE ACCESS TO AND STRENGTHEN SUSTAINABILITY OF CHRONIC DISEASE SELF-MANAGEMENT EDUCATION FOR OLDER ADULTS AND ADULTS WITH DISABILITIES, WITH A FOCUS ON UNDERSERVED POPULATIONS THE MAJOR OBJECTIVES ARE 1 TO REACH 4,921 PARTICIPANTS, 2 TO INCREASE CAPACITY TO REACH UNDERSERVED COMMUNITIES BY ADDING FIVE NEW PROGRAMS TO OUR EXISTING CDSMP AND DSMP OFFERINGS TOMANDO CONTROL DE SU SALUD, PROGRAMA DE MANEJO PERSONAL DE LA DIABETES, BETTER CHOICES, BETTER HEALTH, BETTER CHOICES, BETTER HEALTH FOR DIABETES, AND TOOLKIT FOR ACTIVE LIVING WITH CHRONIC CONDITIONS, 3 TO SECURE AT LEAST 8 CONTRACTS TO ACHIEVE LONG-TERM FINANCIAL SUSTAINABILITY, AND 4 TO CONTINUOUSLY EVALUATE OUR EFFORTS TO ENSURE MAXIMUM IMPACT ON BOTH THE PARTICIPANT LEVEL AND SYSTEMS LEVEL

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

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

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

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

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

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

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

(A)	(B)	(C)	(D)	(E)	(F)
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

check this box and **stop here** ▶ ☐

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 ▶ ☐

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 ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) SLEZAK DIANE VICE PRESIDENT & CHIEF OPERATING OFFICER	35 00			X				143,993	0	10,123
(19) MCCAHILL KIMBERLY DIRECTOR OF PLANNING & GRANTS	35 00			X				121,653	0	14,559
(20) GIUNTOLI MICHAEL DIRECTOR OF FINANCE & ADMIN (STARTING 10/31/17)	35 00			X				28,750	0	2,782
(21) MAPES ROBERT DIRECTOR OF PROGRAM & COMMUNITY SUPPORT	35 00			X				95,380	0	13,799
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								535,146	0	61,029

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	6,075			
	d Related organizations	1d				
	e Government grants (contributions)	1e	18,525,505			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	564,975			
	g Noncash contributions included in lines 1a-1f $ _____					
	h **Total.** Add lines 1a-1f ▶		19,096,555			
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) ▶		37,528			37,528
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	15,612				
	b Less cost or other basis and sales expenses	6,105				
	c Gain or (loss)	9,507				
	d Net gain or (loss) ▶		9,507			9,507
	8a Gross income from fundraising events (not including $ 6,075 of contributions reported on line 1c) See Part IV, line 18	a 157,075				
	b Less direct expenses	b 53,258				
	c Net income or (loss) from fundraising events ▶		103,817			103,817
	9a Gross income from gaming activities See Part IV, line 19	a				

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)** Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,216,666	15,216,666		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	704,513	420,524	283,989	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,780,927	395,402	1,326,961	58,564
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	80,785	21,984	55,863	2,938

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		400	1	400
	2	Savings and temporary cash investments		1,484,124	2	1,932,186
	3	Pledges and grants receivable, net		3,576,447	3	2,739,296
	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		118,457	9	86,529
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 633,501			
	b	Less accumulated depreciation	10b 432,503	101,975	10c	200,998
	11	Investments—publicly traded securities		546,877	11	575,702
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

AGEOPTIONS RECEIVED A THREE YEAR GRANT BEGINNING ON AUGUST 1, 2017 FROM THE U S ADMINISTRATION FOR COMMUNITY LIVING OF $850,000 TO SUPPORT THE EXPANSION AND SUSTAINABILITY OF "ILLINOIS PATHWAYS TO HEALTH" - ILLINOIS' INTEGRATED STATEWIDE EVIDENCE-BASED HEALTH PROGRAM DELIVERY SYSTEM

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AGEOPTIONS INC
(FKA SUBURBAN AREA AGENCY ON AGING)

Employer identification number
36-2806193

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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 grant ")	17,547,686	16,687,330	14,910,111	16,264,227	19,096,555	84,505,909
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	17,547,686	16,687,330	14,910,111	16,264,227	19,096,555	84,505,909
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						84,505,909

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	17,547,686	16,687,330	14,910,111	16,264,227	19,096,555	84,505,909
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,948	21,755	24,452	21,240	37,528	117,923

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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,						

Part IV **Supporting Organizations** (continued)

		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 [redacted]		

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AGEOPTIONS INC
(FKA SUBURBAN AREA AGENCY ON AGING)

Employer identification number
36-2806193

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

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

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

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

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

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

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

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

		(a) Event #1 CELEBRATING AGING (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	163,150			163,150
	2 Less Contributions	6,075			6,075
	3 Gross income (line 1 minus line 2)	157,075			157,075
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	35,960			35,960
	7 Food and beverages				
	8 Entertainment	1,550			1,550
	9 Other direct expenses	15,748			15,748
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				53,258
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				103,817

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AGEOPTIONS INC
(FKA SUBURBAN AREA AGENCY ON AGING)

Employer identification number
36-2806193

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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

(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) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 96

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 33

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

Software ID:
Software Version:
EIN: 36-2806193
Name: AGEOPTIONS INC
(FKA SUBURBAN AREA AGENCY ON AGING)

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AAA FOR LINCOLNLAND 3100 MONTVALE DR SPRINGFIELD, IL 62704	37-0981610	501C3	7,000				SENIOR MEDICARE FRAUD PATROL
ADDOLORATA VILLA 555 MCHENRY ROAD WHEELING, IL 60090	35-1124441	N/A	4,985				RESPITE ASSISTANCE FOR CAREGIVERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADDUS HOMECARE - BERWYN 1156 MOMENTUM PLACE CHICAGO, IL 60689	20-5340172	N/A	10,476				RESPITE ASSISTANCE FOR CAREGIVERS
ADDUS HOMECARE - HOMEWOOD 1125 175TH ST HOMEWOOD, IL 60430	20-5340172	N/A	8,345				RESPITE ASSISTANCE FOR CAREGIVERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATE CHRIST MEDICAL CENTER 4440 WEST 95TH STREET OAK LAWN, IL 60453	36-2169147	501C3	8,151				SENIOR HEALTH INSURANCE PROGRAM
ADVOCATE LUTHERAN GENERAL 1775 DEMPSTER STREET PARK RIDGE, IL 60068	36-2169147	501C3	9,401				SENIOR HEALTH INSURANCE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADVOCATE OLDER ADULT SERVICES 9375 CHURCH STREET DES PLAINES, IL 60016	36-2169147	501C3	2,100				CAREGIVER SERVICES FOR THE ELDERLY
AGESMART COMMUNITY RESOURCES 801 W STATE ST OFALLON, IL 62269	37-0986597	501C3	11,000				SENIOR MEDICARE FRAUD PATROL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AGING CARE CONNECTIONS 111 WEST HARRIS AVE LA GRANGE, IL 60526	36-2721289	501C3	559,014				SOCIAL, NUTRITION, HEALTH ASSISTANCE & PROMOTION ADULT PROTECTIVE SERVICES
ALDEN MANG SVC-CHICAGO 4200 W PETERSON AVENUE CHICAGO, IL 60646	36-3697502	501C3	2,602				RESPITE ASSISTANCE FOR CAREGIVERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALIVIO MEDICAL CENTER 966 W 21ST CHICAGO, IL 60608	36-3661051	501C3	63,781				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY
ALL TRUST HOME CARE 930 N YORK RD 150 HINSDALE, IL 60521	20-3420331	N/A	1,771				RESPITE ASSISTANCE FOR CAREGIVERS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMERICAN ASSOCIATION OF RETIRED ASIANS 380 S SCHMALE ROAD SUITE 400 CAROL STREAM, IL 60188	26-0751308	501C3	79,054				NUTRITION SERVICES FOR ELDERLY
ARAB AMERICAN FAMILY SERVICES 9044 S OCTAVIA BRIDGEVIEW, IL 60455	60-0002593	501C3	135,602				NUTRITION & SOCIAL SERVICES FOR MINORITY ELDERLY HELP SENIORS ENROLL IN BE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARDEN COURTS MANOR CARE 2045 EAST 170TH STREET SOUTH HOLLAND, IL 60473	34-1903270	N/A	31,800				RESPITE ASSISTANCE FOR CAREGIVERS
AVANTARA OF LONG GROVE	46-4496993	N/A	3,435				RESPITE ASSISTANCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BARRINGTON AREA COUNCIL	36-3337705	501C3	4,531				SENIOR HEALTH.

in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLOOM TWNSHP SENIOR SERVICES 425 S HALSTED ST CHICAGO HEIGHTS, IL 60411	36-6009584	501C1	63,651				SOCIAL SERVICES FOR THE ELDERLY MEDICARE EDUCATION, OUTREACH, & POLICY DEVE
BREMEN TOWNSHIP 16361 S KEDZIE PKWY MARKHAM, IL 60428	36-6006214	501C1	42,515				NUTRITION SERVICES FOR ELDERLY

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALUMET TOWNSHIP 2353 YORK STREET BLUE ISLAND, IL 60406	36-6006229	501C1	90,668				NUTRITION SERVICES FOR ELDERLY
CANTATA ADULT LIFE SERVICES 8700 WEST 31ST STREET BROOKFIELD, IL 60513	36-2169132	501C3	3,127				RESPITE ASSISTANCE FOR CAREGIVERS

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

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

supported organization ▶ ☐

19 **Private foundation** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions ▶ ☐

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CCLM - SERVICE AREA C 721 N LASALLE DRIVE CHICAGO, IL 60654	36-2170821	501C3	1,568,767				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY ADULT PROTECTIVE SERVICES ASSISTANCE FOR ACCESSING PHARMACEUTICAL BENEFITS PROGRAMS MEDICARE FRAUD PATROL & MEDICARE ASSISTANCE VETERANS INDEPENDENCE PROGRAM
CENTER OF CONCERN 1580 N NORTHWEST HIGHWAY 310 PARK RIDGE, IL 60068	36-2984360	501C3	282,148				SOCIAL SERVICES FOR THE ELDERLY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL IL AGENCY ON AGING 700 HAMILTON BLVD PEORIA, IL 61603	37-0983168	501C3	7,000				SENIOR MEDICARE FRAUD PATROL
CHGO DEPT OF FAMILY & SUPPORT 1615 W CHICAGO AVE 5TH FLOOR CHICAGO, IL 60622	36-6005820	MUNICIPALITY	20,000				SENIOR MEDICARE FRAUD PATROL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO RIDGE PUBLIC LIBRARY 10400 OXFORD AVE CHICAGO RIDGE, IL 60415	36-2811564	MUNICIPALITY	12,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE
CHINESE AMERICAN SERVICE LEAGUE INC 2141 S TAN CT CHICAGO, IL 60616	36-2984043	501C3	2,975				TAKE CHARGE OF YOUR HEALTH SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CICERO AREA PROJECT 5243B W 25TH STREET CICERO, IL 60804	27-1378569	501C3	3,000				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY
CITADEL ESTATES OF HAZEL CREST 3701 WEST 183RD STREET HAZEL CREST, IL 60429	47-4937039	N/A	3,030				RECREATION AND EDUCATION FOR ELDERLY PEOPLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF EVANSTON 2100 RIDGE AVENUE EVANSTON, IL 60201	36-6005870	MUNICIPALITY	98,991				SOCIAL, NUTRITION, LONG TERM CARE SERVICES FOR ELDERLY & PEOPLE WITH DISABIL
CJE SENIORLIFE 3003 W TIUHY AVE CHICAGO, IL 60645	36-2727597	501C3	280,991				SOCIAL & NUTRITION SERVICES FOR ELDERLY

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

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COMFORT KEEPERS - WOOD DALE 185 HANSON COURT SUTIE 120 WOOD DALE, IL 60191	01-0646249	N/A	9,712				RESPITE ASSISTANCE FOR CAREGIVERS
COMFORT KEEPERS-PALATINE 1627 COLONIAL PKWY PALATINE, IL 60067	14-1876682	N/A	4,686				RESPITE ASSISTANCE FOR CAREGIVERS

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

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COMMUNITY NUTRITION NETWORK 208 SOUTH LASALLE ST SUITE 1900 CHICAGO, IL 60604	36-4394010	501C3	2,975,782				SOCIAL & NUTRITION SERVICES FOR ELDERLY
DES PLAINES PUBLIC LIBRARY 1501 ELLINWOOD AVE DES PLAINES, IL 60016	80-0512944	MUNICIPALITY	12,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE

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

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EAST CENTRAL IL AAA 1003 MAPLE HILL ROAD BLOOMINGTON, IL 61705	37-0982325	501C3	5,000				SENIOR MEDICARE FRAUD PATROL
EGYPTIAN AREA AGENCY ON AGING 200 E PLAZA DR CARTERVILLE, IL 62918	37-1053330	501C3	7,000				MEDICARE FRAUD PATROL

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

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ELMWOOD PARK PUBLIC LIBRARY 1 CONTI PKWY ELMWOOD PARK, IL 60707	36-6005867	MUNICIPALITY	12,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE
EUROPEAN SERVICES AT HOME 49 WEST SLADE STREET PALATINE, IL 60067	36-4466621	N/A	26,614				RESPITE ASSISTANCE FOR CAREGIVERS

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

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EVERGREEN PARK PUBLIC LIBRARY 9400 TROY AVE EVERGREEN PARK, IL 60805	36-6005872	MUNICIPALITY	5,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE
FAITH CATHEDRAL CHURCH 3100 S CHARLES ROAD BELLWOOD, IL 60104	02-0584052	CHURCH	5,000				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORD HEIGHTS COMMUNITY SERVICE 943 E LINCOLN HIGHWAY FORD HEIGHTS, IL 60411	36-2658308	501C3	64,783				NUTRITION SERVICES FOR ELDERLY
FRANKLIN PARK PUBLIC LIBRARY 10311 GRAND AVE FRANKLIN PARK, IL 60131	36-2657216	MUNICIPALITY	12,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLENVIEW TERRACE NURSING CNTR 1511 GREENWOOD ROAD GLENVIEW, IL 60025	36-2846112	N/A	1,400				RESPITE ASSISTANCE FOR CAREGIVERS
HANOVER TOWNSHIP 240 SOUTH ILLINOIS ROUTE 59 BARTLET, IL 60103	36-2750477	501C3	206,330				SOCIAL & NUTRITION SERVICES FOR ELDERLY ASSISTANCE FOR FILLING OUT PHARMAC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANUL FAMILY ALLIANCE 1166 S ELMHURST ROAD MOUNT PROSPECT, IL 60056	36-3519498	501C3	253,075				SOCIAL, NUTRITION, & MEDICARE SERVICES FOR MINORITY ELDERLY
HARBOR HOUSE 760 MCHENRY RD WHEELING, IL 60090	82-5473366	N/A	3,500				RECREATION AND EDUCATION FOR ELDERLY PEOPLE

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HELP AT HOME 1 NORTH STATE STREET 800 CHICAGO, IL 60602	36-2820808	N/A	283,423				CAREGIVER SERVICES FOR THE ELDERLY
HOME INS SR CARE-CHICAGO 4736 N MARINE DR CHICAGO, IL 60640	65-0971608	N/A	437				RESPITE ASSISTANCE FOR CAREGIVERS

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

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HOME INSTEAD OAK PARK 6901 WEST NORTH AVENUE SUITE 1F OAK PARK, IL 60302	65-0971608	N/A	1,589				RESPITE ASSISTANCE FOR CAREGIVERS
HOME INSTEAD SENIOR CARE 450 E HIGGINS ROAD ELK GROVE VILLAGE, IL 60007	65-0971608	N/A	9,513				RESPITE ASSISTANCE FOR CAREGIVERS

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

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HOMEWATCH CAREGIVERS 900 SKOKIE BLVD STE 126 NORTHBROOK, IL 60062	27-0417451	N/A	13,558				RESPITE ASSISTANCE FOR CAREGIVERS
KENNETH YOUNG CENTER 1001 ROHLWING RD ELK GROVE VILLAGE, IL 60007	23-7181444	501C3	444,304				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY

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

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LATINO ALZHEIMER'S MDA 1609 36TH AVE MELROSE PARK, IL 60160	35-2288467	N/A	30,500				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY
LEGAL ASSISTANCE FOUNDATION OF CHICAGO 120 S LA SALLE STREET CHICAGO, IL 60604	36-2754650	501C3	1,195,941				OMBUDSMAN & LEGAL ASSISTANCE FOR ELDERLY LEGAL ASSISTANCE FOR NON-PARENT R

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
LEVY SENIOR CENTER 300 DODGE AVENUE EVANSTON, IL 60062	36-6005870	501C3	592				SENIOR HEALTH INSURANCE PROGRAM
LEYDEN FAMILY SERVICES SENIOR CITIZENS PROGRAM 10001 W GRAND AVE FRANKLIN PARK, IL 60131	36-2235147	501C3	108,509				SOCIAL SERVICES FOR THE ELDERLY ASSISTANCE FOR ACCESSING PHARMACEUTICAL BE

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

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LUTHERAN HOME & SERVICES 800 WEST OAKTON ARLINGTON HEIGHTS, IL 60004	36-3375902	501C3	7,274				RESPITE ASSISTANCE FOR CAREGIVERS
MANORCARE NORTHBROOK 3300 MILWAUKEE AVE NORTHBROOK, IL 60062	27-4239231	N/A	2,200				CAREGIVER SERVICES FOR THE ELDERLY

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

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METROPOLITAN FAMILY SERVICES 2510 MAIN STREET SKOKIE, IL 60077	36-2167940	501C3	4,117				SENIOR ELDER ABUSE PREVENTION & EDUCATION
MIDLAND AREA AGENCY ON AGING 434 S POPLAR STREET CENTRALIA, IL 62801	37-0968177	501C3	7,700				MEDICARE FRAUD PATROL

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

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MIDLOTHIAN PUBLIC LIBRARY 2575 14701 KENTON AVE MIDLOTHIAN, IL 60445	36-6009011	MUNICIPALITY	12,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE
MORTON GROVE PUBLIC LIBRARY 6140 LINCOLN AVE MORTON GROVE, IL 60053	36-6006008	MUNICIPALITY	12,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE

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

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NEIGHBORHOOD UNITED METHODIST 1817-19 WASHINGTON BLVD MAYWOOD, IL 60153	36-6067368	CHURCH	3,750				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY
NILES SENIOR CENTER 999 CIVIC CENTER DRIVE NILES, IL 60714	36-6006016	N/A	2,874				SENIOR HEALTH INSURANCE PROGRAM

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

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NORTH RIVERSIDE PUBLIC LIBRARY 2400 DESPLAINES AVE NORTH RIVERSIDE, IL 60546	36-3242278	MUNICIPALITY	12,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE
NORTH SHORE SENIOR CENTER 161 NORTHFIELD RD NORTHFIELD, IL 60093	36-2366074	501C3	647,779				SOCIAL, NUTRITION, HEALTH PROMOTION, AND CAREGIVER SERVICES FOR THE ELDERLY,

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

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NORTH WEST HOUSING PARTNERSHIP 1701 WOODFIELD RD 203 SCHAUMBURG, IL 60074	36-3715417	501C3	13,675				RECREATION AND EDUCATION FOR ELDERLY PEOPLE
NORTHEASTERN ILLINOIS AAA PO BOX 809 KANKAKEE, IL 60901	36-2743881	501C3	11,000				MEDICARE FRAUD PATROL, TAKE CHARGE OF YOUR HEALTH

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NORTHLAKE PUBLIC LIBRARY 231 N WOLF RD NORTHLAKE, IL 60164	36-2790523	MUNICIPALITY	12,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE
NORTHWESTERN IL AAA 2576 CHARLES STREET ROCKFORD, IL 61108	36-2742719	501C3	12,400				MEDICARE FRAUD PATROL, TAKE CHARGE OF YOUR HEALTH

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

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OAK PARK PUBLIC LIBRARY 834 LAKE ST OAK PARK, IL 60301	36-2943636	MUNICIPALITY	12,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE
OAK PARK TOWNSHIP 418 S OAK PARK AVE OAK PARK, IL 60302	36-6006388	501C1	416,807				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY

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OPEN COMMUNITIES 614 LINCOLN AVENUE 1ST FLOOR WINNETKA, IL 60093	36-2934709	501C3	42,855				SOCIAL SERVICES FOR THE ELDERLY
ORLAND TOWNSHIP 14807 RAVINIA ORLAND PARK, IL 60462	36-2779637	MUNICIPALITY	7,122				MEDICARE ASSISTANCE

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

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OUR LADY OF MT CARMEL 1101 23RD AVE MELROSE PARK, IL 60160	36-2270057	501C3	55,173				NUTRITION SERVICES FOR THE MINORITY ELDERLY
PALATINE TOWNSHIP CARING HEART 505 SOUTH QUENTIN ROAD PALATINE, IL 60067	36-2781764	501C3	350				CAREGIVER SERVICES FOR THE ELDERLY

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PALATINE TOWNSHIP SENIOR CITIZENS COUNCIL 505 S QUENTIN RD PALATINE, IL 60067	36-2781764	501C3	222,970				SOCIAL & NUTRITION SERVICES FOR ELDERLY ASSISTANCE FOR ACCESSING PHARMACEU
PALOS AREA TRANSPORTATION SERVICES FOR THE ELDERLY (PATSE) 10426 S ROBERTS RD PALOS HILLS, IL 60465	81-0556995	501C1	17,069				SOCIAL SERVICES FOR THE ELDERLY

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

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PLOWS COUNCIL ON AGING 7808 W COLLEGE DRIVE SUITE 5E PALOS HEIGHTS, IL 60463	36-2882809	501C3	968,511				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY A
PROGRESS CENTER FOR INDEPENDENT LIVING 7521 MADISON FOREST PARK, IL 60130	36-3595485	501C3	3,374				PROVIDE ACCESS TO PUBLIC SUPPORT PROGRAMS FOR ELDERLY & PEOPLE WITH DISABILI

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

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QUINN CENTER OF SAINT EULALIA 1832 S 8TH AVE MAYWOOD, IL 60153	36-2170993	CHURCH	5,000				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY
RICHTON PARK LIBRARY 22310 LATONIA LN RICHTON PARK, IL 60471	36-2826958	MUNICIPALITY	12,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE

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

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RIGHT AT HOME - NW SUBURBAN 513 WEST MAIN STREET WEST DUNDEE, IL 60118	36-4367015	N/A	379				RESPITE ASSISTANCE FOR CAREGIVERS
RIGHT AT HOME - ROSELLE 400 WEST LAKE STREET ROSELLE, IL 60172	36-4367015	N/A	7,977				RESPITE ASSISTANCE FOR CAREGIVERS

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ROCK OF AGES BAPTIST CHURCH 1309 MADISON STREET MAYWOOD, IL 60153	43-1306977	CHURCH	4,000				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY
RUSH HEALTH AND AGING 710 S PAULINA STREET CHICAGO, IL 60612	36-2174823	501C3	5,775				TAKE CHARGE OF YOUR HEALTH SERVICES

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

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SALVATION ARMY - BLUE ISLAND 2900 W BURR OAK AVE BLUE ISLAND, IL 60406	36-2167909	501C3	91,622				NUTRITION SERVICES FOR ELDERLY
SCHAUMBURG TOWN SENIOR SERVIC 1 ILLINOIS BLVD HOFFMAN ESTATES, IL 60169	36-2499040	MUNICIPALITY	2,283				SENIOR HEALTH INSURANCE PROGRAM

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SCHAUMBURG TOWNSHIP LIBRARY 130 S ROSELLE RD SCHAUMBURG, IL 60193	36-2513027	MUNICIPALITY	12,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE
SENIORS ASSISTANCE CENTER 7774 WIRVING PARK RD NORRIDGE, IL 60706	36-2918912	501C3	226,349				SOCIAL & NUTRITION SERVICES FOR ELDERLY ASSISTANCE FOR ACCESSING PHARMACEU

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHAY NURSING SERVICES 5730 WEST 159TH STREET OAK FOREST, IL 60452	36-3127077	N/A	7,838				RESPITE ASSISTANCE FOR CAREGIVERS
SMART POLICY WORKS 205 W RANDOLPH ST SUITE 510 CHICAGO, IL 60606	36-4042562	501C3	15,000				MAKE MEDICARE WORK

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHEASTERN IL AAA 516 MARKET STREET MTCARMEL, IL 62863	37-0986597	501C3	7,000				MEDICARE FRAUD PATROL, TAKE CHARGE OF YOUR HEALTH
ST ALEXIUS 1555 BARRINGTON ROAD HOFFMAN ESTATES, IL 60169	36-4251846	501C3	1,092				SENIOR HEALTH INSURANCE PROGRAM

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

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STICKNEY TOWNSHIP OFFICE ON AGING 7745 S LEAMINGTON BURBANK, IL 60160	36-6006465	501C1	426,396				SOCIAL, NUTRITION, HEALTH PROMOTION, & CAREGIVER SERVICES FOR THE ELDERLY
SYMPHONY OF CRESTWOOD 14255 SOUTH CICERO AVENUE CRESTWOOD, IL 60445	45-3916224	N/A	21,884				CAREGIVER SERVICES FOR THE ELDERLY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSAL METROPOLITAN ASIAN FAMILY SERVICES 7541 N WESTERN CHICAGO, IL 60645	36-3925432	501C3	226,052				SOCIAL & NUTRITION SERVICES FOR MINORITY ELDERLY MEDICARE ASSISTANCE
UNIVERSITY OF ILLINOIS CHICAGO - DEPT OF PHARM PRACTICE 833 S WOOD M/C 886 CHICAGO, IL 60612	37-6000511	501C3	51,906				HEALTH PROMOTION SERVICES FOR ELDERLY

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

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VIDA ABUDANTE 1819 SOUTH 54TH AVENUE CICERO, IL 60804	36-3720414	501C3	5,000				CARING TOGETHER LIVING BETTER - COMMUNITY SUPPORT PROGRAMS FOR THE ELDERLY
VILLAGE OF ELMWOOD PARK 11 CONTI PARKWAY ELMWOOD PARK, IL 60707	36-6005867	MUNICIPALITY	1,183				SENIOR HEALTH INSURANCE PROGRAM

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

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VILLAGE OF SKOKIE 5127 OAKTON STREET SKOKIE, IL 60077	36-6006103	MUNICIPALITY	3,374				SENIOR HEALTH INSURANCE PROGRAM
VILLAGE OF WHEELING 199 N FIRST STREET WHEELING, IL 60090	36-6006156	501C1	64,099				NUTRITION SERVICES FOR THE ELDERLY ASSISTANCE ACCESSING PHARMACEUTICAL BEN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN ILLINOIS AAA 729 34TH AVE ROCK ISLAND, IL 61201	36-2801332	501C3	11,000				SENIOR MEDICARE FRAUD PATROL
WESTERN KENTUCKY UNIVERSITY R 1906 COLLEGE HEIGHTS BLVD BOWLING GREEN, KY 42101	61-1358086	501C3	25,574				BINGOCIZE FOR LIBRARIES AND CONGREGRATE MEAL INNOVATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
WHEELING PAVILION SENIOR CENTE 333 E DUNDEE RD WHEELING, IL 60090	36-6006156	MUNICIPALITY	592				RESPITE ASSISTANCE FOR CAREGIVERS
WHEELING TOWNSHIP 1616 ARLINGTON HEIGHTS ROAD ARLINGTON HEIGHTS, IL 60004	36-3879756	MUNICIPALITY	6,622				MEDICARE ASSISTANCE

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

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(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
XILIN ASSOCIATION 1163 E OGDEN NAPERVILLE, IL 60563	36-3890616	501C3	292,979				SOCIAL & NUTRITION SERVICES FOR MINORITY ELDERLY MEDICARE ASSITSTANCE
YMCA OF BERWYN-CICERO 2947 SOUTH OAK PARK AVE BERWYN, IL 60402	36-2702522	501C3	94,010				NUTRITION SERVICES FOR THE ELDERLY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HODGKINS PUBLIC LIBRARY 6500 WENZ AVE HODGKINS, IL 60525	36-6626466	MUNICIPALITY	5,000				RECREATION AND EDUCATION FOR ELDERLY PEOPLE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
AGEOPTIONS INC
(FKA SUBURBAN AREA AGENCY ON AGING)

Employer identification number
36-2806193

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee ☐ Written employment contract			

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2017

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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY, PRIOR TO THE OCTOBER BOARD MEETING THE "BOARD OF DIRECTORS/ADVISORY COUNCIL DISC LOSURE STATEMENT" IS MAILED TO ALL MEMBERS THE COMPLETED FORM IS REQUIRED TO BE SUBMITTED PRIOR TO OR AT THAT MEETING THE COMPLETED, RETURNED, SIGNED STATEMENTS ARE REVIEWED FOR ANY CONFLICTS IF ANY THEY ARE RESOLVED ADDITIONALLY, AS EACH NEW MEMBER IS ADDED TO THE BOARD THIS STATEMENT IS COMPLETED PRIOR TO THE BOARD APPROVAL OF THE NEW MEMBER

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.