

February 15, 2017

Mature Services, Inc.
415 South Portage Path
Akron, OH 44320-2327

Mature Services, Inc.:

Enclosed is the 2015 Exempt Organization return, as follows...

2015 Form 990

Instructions for online filing of the Ohio Annual Report

Instructions for filing the above form are furnished for easy reference. Your copy should be retained for your files.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Sincerely,

Bober Markey Fedorovich

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
September 30, 2016

Prepared for	Mature Services, Inc. 415 South Portage Path Akron, OH 44320-2327
Prepared by	Bober Markey Fedorovich & Company 3421 Ridgewood Road, Suite 300 Akron, OH 44333
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by February 15, 2017.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning OCT 1, 2015, and ending SEP 30, 2016

2015

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

MATURE SERVICES, INC.

51-0148544

Name and title of officer

**DAVID IONNO
TREASURER**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>13,110,944.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize BOBER, MARKEY, FEDOROVICH & COMPANY to enter my PIN 48544
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

34629444333
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

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.

A For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

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 MATURE SERVICES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 415 SOUTH PORTAGE PATH City or town, state or province, country, and ZIP or foreign postal code AKRON, OH 44320-2327 F Name and address of principal officer: DAVID IONNO SAME AS C ABOVE	D Employer identification number 51-0148544 E Telephone number 330-253-4597 G Gross receipts \$ 13,110,944. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input 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: ▶ WWW.MATURESERVICES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1975		M State of legal domicile: OH

Part I Summary

1	Briefly describe the organization's mission or most significant activities: WE PROVIDE PROGRAMS TO SUPPORT OLDER ADULTS' ABILITY TO REMAIN INDEPENDENT IN THEIR OWN HOMES AND	
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 12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 12
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 1311
6	Total number of volunteers (estimate if necessary)	6 17
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8	Contributions and grants (Part VIII, line 1h)	8 10,510,098. 10,637,203.
9	Program service revenue (Part VIII, line 2g)	9 1,808,450. 2,462,241.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 2,328. 794.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 -10,132. 10,706.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 12,310,744. 13,110,944.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 0. 0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 10,408,902. 10,952,528.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,159.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 1,523,521. 1,882,881.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 11,932,423. 12,835,409.
19	Revenue less expenses. Subtract line 18 from line 12	19 378,321. 275,535.
20	Total assets (Part X, line 16)	20 2,361,465. 2,634,499.
21	Total liabilities (Part X, line 26)	21 948,603. 945,316.
22	Net assets or fund balances. Subtract line 21 from line 20	22 1,412,862. 1,689,183.

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 DAVID IONNO, TREASURER Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DALE RUTHER	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00403039
	Firm's name ▶ BOBER MARKEY FEDOROVICH & COMPANY Firm's address ▶ 3421 RIDGEWOOD ROAD, SUITE 300 AKRON, OH 44333	Firm's EIN ▶ 34-1523030 Phone no. (330) 762-9785

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: MATURE SERVICES PROVIDES HIGH-QUALITY PROGRAMS TO EMPOWER THE ECONOMIC, SOCIAL, PHYSICAL, AND MENTAL WELL-BEING OF ADULTS AS THEY AGE.

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 9,329,486. including grants of \$) (Revenue \$ 524,171.) EMPLOYMENT SERVICES: THE SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM (SCSEP) PROMOTES THE ECONOMIC SELF-SUFFICIENCY OF OLDER ADULTS AGE 55 AND OLDER BY PROVIDING PAID, PART-TIME JOB TRAINING IN COMMUNITY SERVICE ASSIGNMENTS. LOCATED IN 40 COUNTIES ACROSS OHIO, SCSEP PROVIDES A DUAL BENEFIT TO THE COMMUNITIES IT SERVES: IMPROVING JOB READINESS OF MATURE WORKERS WHILE EXPANDING THE SERVICES PROVIDED BY LOCAL NONPROFIT AND GOVERNMENT AGENCIES. IN 2016, 141 PEOPLE FOUND WORK AS A RESULT OF THE TRAINING THEY RECEIVED IN THE PROGRAM. 14,830 PEOPLE UTILIZED OUR VARIOUS RESOURCE ROOMS ACROSS OUR 40 COUNTY SERVICE AREAS AND 14,348 HOURS OF WORK TRAINING WERE PROVIDED TO 1,275 MATURE WORKERS. NONPROFITS BENEFITTED BY RECEIVING 692,826 HOURS OF SERVICE, ALLOWING THEM TO EXPAND THEIR CAPACITY BUILDING EFFORTS TO ADMINISTER THEIR

4b (Code:) (Expenses \$ 1,236,883. including grants of \$) (Revenue \$ 1,199,602.) MEALS ON WHEELS: SUPPORTING THE NUTRITIONAL NEEDS OF OLDER ADULTS IN SUMMIT COUNTY, OUR MEALS ON WHEELS PROGRAM PROVIDES HOMEBOUND AND DISABLED CLIENTS THE OPPORTUNITY TO CHOOSE THEIR OWN DELICIOUS AND NUTRITIOUS MEALS TO BE DELIVERED TO THEIR HOME TO SUPPORT THEIR HEALTH AND WELL-BEING. EACH VISIT INCLUDES A WELLNESS CHECK, WHERE PROFESSIONALLY TRAINED DRIVERS CAN ASSESS POTENTIAL HEALTH ISSUES, SUCH AS FALL-RISK ASSESSMENTS. IN 2016, MEALS ON WHEELS DELIVERED 213,234 MEALS TO 6,226 HOMEBOUND CLIENTS. IN OUR FOUR CONGREGATE DINING FACILITIES, OUR PROGRAM PROVIDES VALUABLE SOCIALIZATION ALONG WITH A HEALTHY MEAL, SERVING 45,486 MEALS IN 2016. AS PART OF THE MATURE SERVICES INTEGRATED CARE CONTINUUM FOR OUR MULTIPLE PROGRAMS, MEALS ON WHEELS WAS ABLE TO PROVIDE OVER 6,179 HOURS OF TRAINING TO PARTICIPANTS

4c (Code:) (Expenses \$ 796,115. including grants of \$) (Revenue \$ 431,079.) INTEGRATED ADDICTION AND MENTAL HEALTH TREATMENT: OUR AVENUES TO RECOVERY PROGRAM PROVIDES INDIVIDUALS AGES 50 AND OLDER STRUGGLING WITH ADDICTION TO ALCOHOL OR OTHER DRUGS AND/OR MENTAL HEALTH ISSUES WITH TREATMENT AND TOOLS TO HELP SAVE THEIR HEALTH AND POSSIBLY THEIR LIVES. OVER 70% OF OUR CLIENTS SURVEYED EXPRESSED IMPROVED FUNCTIONALITY AS A RESULT OF TREATMENT AT AVENUES TO RECOVERY. OUR TEAM OF LICENSED HELPING PROFESSIONALS FOCUSES ON PROVIDING INTEGRATED SERVICES TO PROVIDE A CONTINUUM OF CARE, ADDRESSING PHYSICAL, MENTAL, AND SOCIO-ECONOMIC ASPECTS OF AN INDIVIDUAL'S HEALTH. OUR BEHAVIORAL HEALTH PROGRAM SPECIALIZES IN THE UNIQUE ISSUES FACING THE OLDER POPULATION, IDENTIFYING PHYSICAL FACTORS THAT CAN ATTRIBUTE TO INCREASED IMPAIRMENT OR RISK. WE SEEK TO ELIMINATE BARRIERS TO

4d Other program services (Describe in Schedule O.) (Expenses \$ 587,937. including grants of \$) (Revenue \$ 307,389.)

4e Total program service expenses 11,950,421.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

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

Input box for Schedule O

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions.

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 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	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?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 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: **HEIDI STERANKA - 330-253-4597**
415 S. PORTAGE PATH, AKRON, OH 44320-2327

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) NIKI WALKER MEMBER	1.00	X		X				0.	0.	0.
(2) CYNTHIA P. BAYER MEMBER	1.00	X		X				0.	0.	0.
(3) STEPHEN SHAMROCK, CPA CHAIR	2.00	X		X				0.	0.	0.
(4) KIMBERLY RAY MEMBER	1.00	X		X				0.	0.	0.
(5) LEE WALKO MEMBER	1.00	X						0.	0.	0.
(6) AMY MARSTELLER MEMBER	1.00	X						0.	0.	0.
(7) DAVID M. BARNHARDT MEMBER	1.00	X						0.	0.	0.
(8) LEANN SHAEFFER SECRETARY	2.00	X						0.	0.	0.
(9) DAVID IONNO TREASURER	2.00	X						0.	0.	0.
(10) MELINDA SMITH YEARGIN VICE CHAIR	2.00	X						0.	0.	0.
(11) HARVEY STERNS MEMBER	1.00	X						0.	0.	0.
(12) ALEXIS WINTER MEMBER	1.00	X						0.	0.	0.
(13) HEIDI STERANKA CFO	37.50			X				101,329.	0.	82.
(14) PAUL MAGNUS VP OF WORKFORCE DEVELOPMEN	37.50			X				111,351.	0.	14,716.
(15) KAREN HRDLICKA PRESIDENT/CEO	37.50			X				68,896.	0.	9,080.

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	108,986.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	10,125,299.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	402,918.					
	g Noncash contributions included in lines 1a-1f: \$		61,474.					
	h Total. Add lines 1a-1f			10,637,203.				
	Program Service Revenue	2 a PROGRAM SERVICE FEES	Business Code	623990	2,462,241.	2,462,241.		
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				2,462,241.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			794.			794.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a 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)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a OTHER INCOME		900099		10,706.			10,706.	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			10,706.				
12 Total revenue. See instructions.			13,110,944.	2,462,241.	0.	11,500.		

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				
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	356,814.	150,446.	205,802.	566.
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	9,105,450.	8,676,815.	426,250.	2,385.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	464,004.	388,793.	75,172.	39.
10 Payroll taxes	1,026,260.	960,211.	65,726.	323.
11 Fees for services (non-employees):				
a Management				
b Legal	12,614.	12,252.	362.	
c Accounting	20,560.	20,507.	2.	51.
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 Sch O.)	8,858.	8,858.		
12 Advertising and promotion	63,020.	55,872.	6,948.	200.
13 Office expenses	978,021.	931,504.	46,176.	341.
14 Information technology	216,483.	199,255.	17,228.	
15 Royalties				
16 Occupancy	349,020.	327,199.	21,821.	
17 Travel	99,065.	95,958.	3,087.	20.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,955.	12,872.	5,849.	234.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,589.	28,110.	5,479.	
23 Insurance	82,696.	81,769.	927.	
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 _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	12,835,409.	11,950,421.	880,829.	4,159.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	910.	1	960.	
	2 Savings and temporary cash investments	1,363,048.	2	1,473,028.	
	3 Pledges and grants receivable, net	675,756.	3	799,328.	
	4 Accounts receivable, net	107,805.	4	169,632.	
	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 instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	80,951.	9	69,602.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 688,486.			
	b Less: accumulated depreciation	10b 598,823.	123,252.	10c	89,663.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	9,743.	12	32,286.	
	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)	2,361,465.	16	2,634,499.		
Liabilities	17 Accounts payable and accrued expenses	842,249.	17	921,615.	
	18 Grants payable		18		
	19 Deferred revenue	106,354.	19	23,701.	
	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	948,603.	26	945,316.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,412,862.	27	1,657,960.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29	31,223.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	1,412,862.	33	1,689,183.		
34 Total liabilities and net assets/fund balances	2,361,465.	34	2,634,499.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,110,944.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,835,409.
3	Revenue less expenses. Subtract line 2 from line 1	3	275,535.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,412,862.
5	Net unrealized gains (losses) on investments	5	786.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,689,183.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" 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?		X
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?	X	
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 checked="" 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?	X	
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?	X	
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	X	

Form 990 (2015)

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,120,023.	10,607,854.	11,147,999.	10,510,098.	10,637,203.	54,023,177.
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	11,120,023.	10,607,854.	11,147,999.	10,510,098.	10,637,203.	54,023,177.
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.						54,023,177.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	11,120,023.	10,607,854.	11,147,999.	10,510,098.	10,637,203.	54,023,177.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	383.	418.	475.	328.	794.	2,398.
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.)	480,590.	682,350.	800,266.	1,798,318.	10,706.	3,772,230.
11 Total support. Add lines 7 through 10						57,797,805.
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 2015 (line 6, column (f) divided by line 11, column (f))	14	93.47 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	93.51 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 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.		
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.	Yes	No
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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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.)

SCHEDULE A, PART II, LINE 10:

EXPLANATION FOR OTHER INCOME: OTHER INCOME AND NET INCOME FROM SPECIAL EVENT.

Multiple horizontal lines for providing supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

MATURE SERVICES, INC.

Employer identification number

51-0148544

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization MATURE SERVICES, INC.	Employer identification number 51-0148544
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNITED STATES DEPARTMENT OF LABOR EMPLOYMENT & TRAINING ADMINISTRATION 200 CONSTITUTION AVE NW WASHINGTON, DC 20210	\$ 4,981,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	OHIO DEPARTMENT OF AGING 50 WEST BROAD ST, 8TH FLOOR COLUMBUS, OH 43266-0501	\$ 3,782,893.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	DIRECTION HOME AKRON CANTON AREA AGENCY ON AGING 1550 CORPORATE WOODS PKWY, SUITE 100 UNIONTOWN, OH 44685-8797	\$ 336,657.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION, AND MENTAL HEALTH 1867 W MARKET ST, SUITE B2 AKRON, OH 44313	\$ 409,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	CUYAHOGA COUNTY DEPARTMENT OF WORKFORCE 1020 BOLIVAR ROAD CLEVELAND, OH 44115	\$ 217,263.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MATURE SERVICES, INC.	Employer identification number 51-0148544
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization MATURE SERVICES, INC.	Employer identification number 51-0148544
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization MATURE SERVICES, INC. **Employer identification number** 51-0148544

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,743.				
b Contributions	21,223.	10,000.			
c Net investment earnings, gains, and losses	1,606.	-257.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	286.				
g End of year balance	32,286.	9,743.			

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

- a Board designated or quasi-endowment 95.00 %
- b Permanent endowment 5.00 %
- c Temporarily restricted endowment .00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		226,560.	224,360.	2,200.
d Equipment		461,926.	374,463.	87,463.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				89,663.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	13,178,030.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	786.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c	66,300.	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		67,086.
3	Subtract line 2e from line 1		3	13,110,944.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	13,110,944.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	12,901,709.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	66,300.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		66,300.
3	Subtract line 2e from line 1		3	12,835,409.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	12,835,409.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS SHALL BE USED FOR PROGRAMS AND SERVICES FOR OLDER ADULTS THAT HAVE NOT BEEN FUNDED, OR HAVE BEEN UNDERFUNDED BY OTHER SOURCES, TO MEET THE MISSION OF THE ORGANIZATION.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **MATURE SERVICES, INC.** Employer identification number **51-0148544**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		200.	
5 Clothing and household goods	X		13,203.	REPLACEMENT COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	17,853	29,284.	REPLACEMENT COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	1,257	11,603.	REPLACEMENT COST
26 Other ▶ (MEALS)	X	1,327	4,019.	SELLING PRICE
27 Other ▶ (GIFT CARDS)	X	76	1,490.	REPLACEMENT COST
28 Other ▶ (AUCTION ITEMS)	X	41	776.	REPLACEMENT COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

MATURE SERVICES, INC.

Employer identification number

51-0148544

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACTIVE IN THE COMMUNITY THROUGH EMPLOYMENT, HEALTH AND WELLNESS, AND
VOLUNTEERING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MISSIONS WITHOUT INCURRING ADDITIONAL COSTS.

OUR JOB CLUB PROVIDED OVER 3,844 HOURS OF TRAINING IN JOB READINESS,
RESUME BUILDING AND JOB-SEEKING SKILLS AND 31 PARTICIPANTS FOUND
EMPLOYMENT AFTER JOB CLUB PARTICIPATION THE ENCORE CAREER NETWORK IS
A SOCIAL ENTERPRISE MODEL BEING FUNDED BY A GRANT FROM THE CLEVELAND
FOUNDATION. DRAWING UPON THE EXPERTISE, PASSION AND TALENTS OF PEOPLE
AGES 50 AND OLDER, RESIDENTS OF CUYAHOGA COUNTY ARE ASSIGNED TO PAID,
PART-TIME POSITIONS AT NONPROFIT AND GOVERNMENT AGENCIES. POSITIONS
INCLUDE CAPACITY BUILDING AND DIRECT SERVICES SUCH AS FINANCE,
MARKETING, AND HUMAN RESOURCES. IN 2016, 24 ENCORE PARTICIPANTS
PROVIDED 6,621 HOURS OF SERVICES TO NONPROFITS. THE GROWTH OF THE
ENCORE PROGRAM HAS RESULTED IN THE EXPANSION FROM CUYAHOGA TO SUMMIT
AND STARK COUNTIES, WITH PLANS TO USE THE FEE FOR SERVICE MODEL AND A
WAY TO GENERATE UNRESTRICTED REVENUE STREAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN OUR SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM, ALLOWING US TO
ADDRESS OUR CONTINUED GROWTH THIS PAST YEAR. ADDITIONAL PARTNERSHIPS
INCLUDED 41 HOURS OF CONSULTING BY STAFF AT STARK STATE COLLEGE TO
ASSURE THE BEST NUTRITION IS PROVIDED TO OUR CLIENTS. OF 283 CLIENTS

Name of the organization

MATURE SERVICES, INC.

Employer identification number

51-0148544

SURVEYED, OVER 94% STATED THE PROGRAM ALLOWED THEM TO REMAIN INDEPENDENT AND 68% STATED THEY WOULD NOT HAVE ENOUGH FOOD IF IT WERE NOT FOR THE PROGRAM. CLIENT SATISFACTION SURVEYS DEMONSTRATED THAT OVER 95% OF OUR HOME DELIVERY CLIENTS WERE SATISFIED WITH THE FRIENDLINESS AND PROFESSIONAL APPEARANCE OF OUR DELIVERY DRIVERS AND OVER 80% OF OUR CLIENTS AGREED THAT THE FRESHNESS, QUALITY, AND TASTE OF OUR MEALS WAS TO THEIR SATISFACTION. THE OVERALL SATISFACTION OF OUR CONGREGATE DINING PROGRAM WAS OVER 60%, AN INCREASE OF 35% FROM 2014 SURVEY RESULTS. THE PROGRAM ENCOURAGES A HEALTHY LIFESTYLE AND ALLOWS HOMEBOUND PEOPLE TO REMAIN INDEPENDENT IN THEIR OWN HOMES.

ADDITIONAL NUTRITIONAL NEEDS WERE ADDRESSED BY OUR SENIOR FARMER'S MARKET PROGRAM AND CHOICE EMERGENCY FOOD PANTRY. WITH A GOAL TO REDUCE BARRIERS TO THE ACCESS OF FRESH FOOD FOR SENIORS, MATURE SERVICES PROVIDED A HEALTH AND SERVICES FAIR IN JUNE. WE DISTRIBUTED 550 VOUCHERS IN SUMMIT COUNTY, 276 IN STARK COUNTY, AND 20 IN WAYNE COUNTY TO PROVIDE FOR FRESH, LOCALLY GROWN PRODUCE AT LOCAL FARMER'S MARKETS. WE PARTNERED WITH 12 COMMUNITY AGENCIES, INCLUDING THE AKRON-CANTON REGIONAL FOOD BANK TO DELIVER THOUSANDS OF POUNDS OF FOOD. MRS. MAGNOLIA DAVIS SAID, "THE FARMER'S MARKET PROVIDES ME WITH COUPONS WHICH HAVE ENABLED ME TO CONTINUE ENJOYING FRESH FRUITS AND VEGETABLES IN THE SUMMER. IN FACT, I WAS ABLE TO MAKE A TRADITIONAL FAMILY RECIPE CALLED CHOW CHOW FROM THE CABBAGES I WAS ABLE TO OBTAIN."

OUR EMERGENCY FOOD PANTRY SERVED 2,183 HOUSEHOLDS, PROVIDING FOOD TO OVER 5,526 PEOPLE. OF THOSE THAT WERE PROVIDED FOOD, 19% WERE SENIORS (60+ YEARS), 49% WERE ADULTS (18-59 YEARS) AND 32% WERE CHILDREN (0-17 YEARS).

Name of the organization MATURE SERVICES, INC.	Employer identification number 51-0148544
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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

TREATMENT FOR LOW-INCOME OLDER ADULTS BY PROVIDING TRANSPORTATION TO CLIENTS SEEKING TREATMENT AND IN-HOME SERVICES AND PREVENTION PROGRAMMING. AVENUES TO RECOVERY PARTNERS WITH THE SUMMIT COUNTY ADM BOARD; IS LISTED AS A PROVIDER FOR MULTIPLE OLDER ADULT SERVICES WITH THE AREA'S 211 INFORMATION LINE AND IS PARTICIPATING IN THE COMMUNITY-WIDE REFERRAL SYSTEM TO HELP ADDRESS THE GROWING OPIOID EPIDEMIC IN OUR COUNTY. IN 2016, OUR TEAM PROVIDED 5,515 HOURS OF GROUP THERAPY, ALLOWING CLIENTS TO CREATE A COMMUNITY OF SUPPORT AMONGST PEOPLE COPING WITH SIMILAR BEHAVIORAL HEALTH CHALLENGES IN A NON-JUDGMENTAL SETTING. A SATISFACTION SURVEY INDICATED 74% FELT A SOCIAL CONNECTEDNESS FROM TREATMENT. WITH MANY ADULTS FACING THE CHALLENGE OF SOCIAL ISOLATION, GROUP THERAPY HELPS TO BUILD SOCIAL SKILLS AND PROVIDES THE BENEFIT OF SOCIAL INTERACTION WHILE WORKING TO IMPROVE ADDICTION OR MENTAL HEALTH STRUGGLES. OVER 1009 HOURS OF INDIVIDUAL TREATMENT WERE PROVIDED DURING 2016 TO ASSESS AND DEVELOP A HOLISTIC APPROACH TO ASSIST PEOPLE CHALLENGED WITH BEHAVIORAL HEALTH ISSUES. WITH INDIVIDUAL TREATMENT, CLIENTS FIND WAYS TO RELATE TO COPE WITH PHYSICAL AND/OR EMOTIONAL SUFFERING TO IMPROVE THEIR QUALITY OF LIFE. PREVENTION PROGRAMS INCLUDED OUR BROWN BAG MEDICATION REVIEW, PROVIDED TO 70 PEOPLE IN 2016 AND DESIGNED TO IDENTIFY AND ELIMINATE POTENTIAL DRUG INTERACTION ISSUES AMONGST OLDER ADULTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

HEMOCARE SOLUTIONS: HUNDREDS OF FRAIL AND ELDERLY LIVING IN SUMMIT COUNTY RECEIVED ASSISTANCE FROM OUR HEMOCARE SOLUTIONS IN FY 2016 IN ORDER TO LIVE INDEPENDENTLY IN THEIR OWN HOMES FOR AS LONG AS POSSIBLE.

Name of the organization

MATURE SERVICES, INC.

Employer identification number

51-0148544

HOME HEALTH AIDES PROVIDE NON-MEDICAL, HANDS-ON CARE FOR ACTIVITIES OF DAILY LIVING (ADLS) THAT INCLUDE BATHING, DRESSING, FEEDING, TOILETING, GROOMING, ORAL CARE, WALKING OR USING A WHEELCHAIR. ADDITIONAL ASSISTANCE IN WELLNESS PROGRAMMING, INCLUDING FALL-RISK ASSESSMENT AND PREVENTION TRAINING, WAS ALSO PROVIDED TO PROMOTE HEALTHIER INDEPENDENT LIVING SENIOR CITIZENS. HOMEMAKER SERVICES PROVIDED HOUSEKEEPING, LAUNDRY, SHOPPING, AND MEAL PREPARATION TO SUPPORT CUSTOMER INDEPENDENCE AND CHORE SERVICES PROVIDED DEEP CLEANING TO CUSTOMERS NEEDING HELP WITH MORE LABOR INTENSIVE TASKS SUCH AS CARPET SCRUBBING. PROVIDING THE HOMECARE SOLUTIONS PROGRAMS PREVENTED LOW-INCOME CUSTOMERS FROM BEING FORCED INTO ASSISTED LIVING OR NURSING HOME FACILITIES, WHICH CAN COST AN AVERAGE OF \$75,000 PER YEAR, BY OFFERING SERVICES AT ABOUT \$1,875 PER YEAR. THIS PREVENTED AN INCREASE IN MEDICAID COSTS BEING PASSED ONTO TAXPAYERS. A SURVEY ADMINISTERED IN 2016 TO HOMECARE RECIPIENTS INDICATED 99% OF CUSTOMERS REMAINED IN THEIR OWN HOME BECAUSE OF THE SERVICES THEY RECEIVED FROM MATURE SERVICES. A CUSTOMER STATED "I OWE MY LIFE TO YOU! I WAS DYING IN THE NURSING HOME, BUT WHEN I CAME HOME AND YOU CAME, IT RESTORED MY HEALTH!" IN FISCAL YEAR 2016, 16,758 HOURS OF HOME HEALTH AIDE SERVICES AND 6,652 HOURS OF HOMEMAKER SERVICES WERE PROVIDED FOR 130 CUSTOMER AND 228.75 HOURS OF CASE MANAGEMENT SERVICES WERE PROVIDED. 326 NURSE VISITS WERE ALSO PROVIDED TO CUSTOMERS TO PROVIDE WELLNESS ASSISTANCE. AN ADDITIONAL 162 CLIENTS RECEIVED 958 HOURS OF CHORE SERVICES.

EXPENSES \$ 483,867. INCLUDING GRANTS OF \$ 0. REVENUE \$ 307,389.

VOLUNTEER SERVICES: SERVING AS A HOST SITE FOR THE RETIRED SENIOR VOLUNTEER PROGRAM (RSVP), A SENIOR CORPS PROGRAM OF THE CORPORATION FOR

Name of the organization

MATURE SERVICES, INC.

Employer identification number

51-0148544

NATIONAL AND COMMUNITY SERVICES, MATURE SERVICES PROMOTES VOLUNTEER OPPORTUNITIES FOR OLDER ADULTS IN SUMMIT AND MEDINA COUNTIES. BY ASSESSING THE INTERESTS, TALENTS, AND SKILLS OF ADULTS 55 AND OLDER, WE BRING TOGETHER COMMUNITY PARTNERS WITH A STRONG CORPS OF EXPERIENCED VOLUNTEERS TO HELP BUILD CAPACITY AND OUTREACH EFFORTS FOR FOOD PANTRIES, HEALTH AND WELLNESS PROGRAMS, SOCIAL SERVICE AGENCIES, AND ASSISTANCE TO HOMEBOUND SENIORS. IN 2016 THE RSVP PROGRAM HAD OVER 300 VOLUNTEERS IN SUMMIT AND MEDINA COUNTIES, WHO TOGETHER PROVIDED OVER 18,245 HOURS OF COMMUNITY SERVICE TO BENEFIT 13 NON-PROFITS. WHEN SURVEYED, 76 RESPONDENTS AGREED THAT VOLUNTEERING MADE A DIFFERENCE IN THEIR COMMUNITY AND 71 AGREED THAT VOLUNTEERING WITH RSVP MADE THEM FEEL LIKE AN ACTIVE PART OF THEIR COMMUNITY. WHEN ASKED HOW VOLUNTEERING MAKES THEM FEEL, 98% OF THE RESPONSES INDICATED THEY ENJOYED MEETING NEW FRIENDS AND INTERESTING PEOPLE. WITH 51% OF THE RESPONDENTS BEING AGE 75 OR OLDER, RSVP PROVES THAT REGARDLESS OF AGE, VOLUNTEERS CAN MAKE A DIFFERENCE IN A COMMUNITY AND IN PEOPLE'S LIVES. EXPENSES \$ 104,070. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS PREPARED ON AN ANNUAL BASIS BY MATURE SERVICES, INC. INDEPENDENT AUDITORS. ONCE PREPARED, THE FORM 990 IS THEN REVIEWED BY THE CFO FOR ACCURACY AND COMPLETENESS. THE CFO WILL NOTE ANY CHANGES OR CORRECTIONS AND THE INDEPENDENT AUDITORS WILL MAKE ANY NECESSARY CHANGES. AFTER THE CFO HAS REVIEWED THE FORM 990, THE FORM IS THEN GIVEN TO THE PRESIDENT/CEO AND TREASURER TO REVIEW. DURING THIS REVIEW, ANY QUESTIONS, COMMENTS OR CHANGES ARE ADDRESSED AND MADE IF NECESSARY. THE TREASURER INDICATES AGREEMENT WITH THE RETURN BY SIGNING THE FORM 990. THE FINALIZED FORM IS THEN EMAILED TO ALL BOARD MEMBERS FOR COMMENT. THE FORM IS THEN

Name of the organization MATURE SERVICES, INC.	Employer identification number 51-0148544
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FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

BOARD MEMBERS WILL DISCLOSE POTENTIAL CONFLICTS OF INTEREST YEARLY BY FILING THE "BOARD OF DIRECTORS CONFLICT OF INTEREST STATEMENT" WITH THE CHAIR. THE CHAIR WILL COLLECT THE COMPLETED STATEMENTS AT THE FIRST BOARD MEETING IN JANUARY OF EACH YEAR. THE CHAIR WILL REVIEW THE COMPLETED STATEMENTS AND ESTABLISH ANY NECESSARY SAFEGUARDS SHOULD CONFLICTS OF INTEREST EXIST. THE CHAIR'S AND PRESIDENT/CEO'S STATEMENTS WILL BE REVIEWED BY THE HUMAN RESOURCE COMMITTEE. THE CHAIR WILL THEN GIVE THE COMPLETED STATEMENTS TO THE PRESIDENT/CEO WHO WILL PLACE THEM IN THE BOARD OF DIRECTORS' "BOARD MINUTES" BOOK LOCATED AT THE MATURE SERVICES' OFFICE.

FORM 990, PART VI, SECTION B, LINE 15:

TO ENSURE THAT THE AGENCY'S COMPENSATION RATES ARE COMPETITIVE WITHIN THE COMMUNITY, A REVIEW OF PREVAILING WAGE RATES FOR COMPARABLE POSITIONS WILL BE CONDUCTED ON AN ANNUAL BASIS. THE FINDINGS OF THE REVIEW WILL BE SUMMARIZED AND PRESENTED TO THE BOARD OF DIRECTORS ALONG WITH RECOMMENDATIONS FOR MERIT INCREASES AND/OR MARKET ADJUSTMENTS. BOARD-APPROVED MERIT INCREASES AND MARKET ADJUSTMENTS ARE COMMUNICATED TO STAFF IN WRITING, AND RECORDS ARE RETAINED FOLLOWING THE RECORD RETENTION PROCEDURE.

1. EACH SUMMER, HUMAN RESOURCES STAFF WILL COLLECT CURRENT WAGE INFORMATION FROM AT LEAST TWO DIFFERENT SOURCES SURVEYING COMPARABLE ORGANIZATIONS. SPECIFIC EMPHASIS WILL BE PLACED ON OBTAINING INFORMATION FROM NON-PROFIT ENTITIES.

2. WAGE SURVEY INFORMATION WILL BE COMPARED TO CURRENT MATURE SERVICES, INC. WAGES, BY POSITION.

Name of the organization

MATURE SERVICES, INC.

Employer identification number

51-0148544

3. THE DIRECTOR OF HR, CFO, PRESIDENT/CEO, HR COMMITTEE AND BOARD HR CHAIR WILL MEET TO ANALYZE THE FINDINGS OF THE COMPARISON AND DISCUSS RECOMMENDATIONS FOR INCREASES.

4. MATURE SERVICES, INC. POSITIONS FALLING BELOW THE 50TH PERCENTILE OF THE AVERAGE SURVEY WAGE RANGE WILL BE EARMARKED FOR POSSIBLE MARKET ADJUSTMENTS.

5. BASED ON BUDGETARY CONSIDERATIONS AND REGIONAL/NATIONAL FORECASTS OF SALARY INCREASES, A GENERAL POOL FOR MERIT INCREASES WILL BE DETERMINED.

6. THE BOARD HR CHAIR WILL PRESENT THE FINDINGS AND RECOMMENDATIONS TO THE BOARD OF DIRECTORS AT THE AUGUST OR SEPTEMBER BOARD MEETING.

7. THE BOARD OF DIRECTORS WILL VOTE TO APPROVE OR NOT APPROVE THE HR COMMITTEE'S RECOMMENDATIONS FOR MARKET ADJUSTMENTS AND THE OVERALL MERIT INCREASE POOL. IF NOT APPROVED AS PRESENTED, THE BOARD MAY VOTE TO APPROVE A REVISED COMPENSATION PROPOSAL BASED ON BUDGETARY CONSIDERATIONS. THE BOARD'S DECISION WILL BE DOCUMENTED IN THE MEETING MINUTES.

8. THE BOARD WILL REVIEW THE PRESIDENT/CEO'S COMPENSATION PACKAGE IN EXECUTIVE SESSION AT THE AUGUST OR SEPTEMBER MEETING AND VOTE TO APPROVE OR NOT APPROVE ANY PROPOSED INCREASE.

9. ONCE A MERIT POOL HAS BEEN DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS, THE CFO WILL CALCULATE THE DOLLAR AMOUNT AVAILABLE BY DEPARTMENT AND COMMUNICATE THAT INFORMATION TO THE PRESIDENT/CEO WHO WILL GIVE THE INFORMATION TO DEPARTMENT HEADS. THESE INDIVIDUALS WILL THEN DETERMINE THE SPECIFIC INCREASE TO BE AWARDED TO EACH STAFF PERSON IN THEIR DEPARTMENT.

10. THE PRESIDENT/CEO WILL DETERMINE THE ANNUAL INCREASE TO BE AWARDED TO EXECUTIVE STAFF MEMBERS (CFO, VP FOR WORKFORCE DEVELOPMENT, DIRECTOR OF PROGRAMS, DIRECTOR OF HR, DIRECTOR OF AVENUES TO RECOVERY, DIRECTOR OF RSVP, DIRECTOR OF NUTRITION, IT SYSTEM ADMINISTRATOR).

11. ANNUAL WAGE INCREASE INFORMATION WILL BE COMMUNICATED WITH STAFF IN

Name of the organization MATURE SERVICES, INC.	Employer identification number 51-0148544
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WRITING AND CONFIRMATION OF INCREASES WILL BE RETAINED IN THE PERSONNEL FILES.

FORM 990, PART VI, SECTION C, LINE 19:

THE 990 IS AVAILABLE ON GUIDESTAR, ON THE MATURE SERVICES, INC WEBSITE AND AVAILABLE UPON REQUEST. ALL OTHER DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.