

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Solution 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

programmary have to use a copy of this return to satisfy state reporting requirements

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Departn	nent of	the	Trea
Internal			

Open to Public

inter	nai Kevenue	Service 39	re orga	Zation may na	ve to use a copy	or this return to s	austy state reporti	ng require	ements	inspection	
			ear, or tax year begin	ning	, an	d ending					
	Check if applical	HEA IDS	C Name of organization			_		- [	D Employ	er identification num	ber
X	Address change	label or		Minneso	ta Geronto	logical So	ciety			0.5005.5	
	Name change	print or	Doing Business As				<del></del>	-		3353356	
	Initial return	type.	1		delivered to street addre	ess)	Room/su	ute I		ne number	
=		See Specific	2365 North				3	<b></b>		-829- <u>5937</u>	
$\equiv$	Termination	instruc	City or town, state of	=		F100		Ľ	G Gross receip	ts\$ 80,4	18
	Amended return		North St I	<del></del>	MN 5	5109					
	Application pend	uniu i	e and address of princip						H(a) Is this a	group return for	1
			wn Simonso		_ ,			١,	affiliates	7 Yes X	No
			65 North M	_		- 1 0 0		'	H(b) Are all a included	? Yes	No
			rth St Pau		MN 55	5109			If "No," a	ttach a list (see instructions	)
<u> </u>	Tax-exempt			(insert no )	4947(a)(1) or	527	- ,				
<u>J</u>	Website >		<u>nngero.org</u>	, <del></del>			<del></del>		H(c) Group ex	remption number	
	Type of organiz		poration Trust	Association	Other >		L Year of form	nation	N	1 State of legal domicile	
_ <u>P</u>	art I	Summa	ry								
	1 Brief	ly describe t	he organization's mi	ssion or most	significant activition	es					
•	l se	ee Sche	dule O								
8	]	cc bence	duic o								
Ē	i										
Ĕ											
ē			<del></del>								
õ	2 Chec	ck this box 🕨	If the organizat	tion discontinu	ed its operations	or disposed of m	ore than 25% of its	s net asse	ets		
∞5	3 Num	ber of voting	members of the go	verning body (	Part VI, line 1a)				3	16	
Activities & Governance	4 Num	ber of indep	endent voting memb	ers of the gov	erning body (Part	VI, line 1b)			4	16	
Ϋ́	5 Total	I number of	employees (Part V, I	line 2a)					5	1	
Ę	1		volunteers (estimate	-					6		
٩	1		lated business reven		/IIIcolumn-(C)lı	<del>na</del> 12			7a		
			siness taxable incon						7b		0
			1			1		Prior Year		Current Year	<del>_</del>
	8 Cont	tributions an	d grants (Part VIII)	ne 1h)	0	31			,808	2,9	42
Ē	9 Prog	ram canuca	revenue (Part VIII)	:3 ::WOV (	4 2010				,530	74,8	
Revenue	_			1 -	100	) [			,760		<del>5</del> 0
æ									,148		
										2,1	
			add lines 8 through 1			L(A), line 12)			,246	80,4	
	1	nts and simil	3	,000	3,0	<u>00</u>					
	I	•	or for members (Par	•	• •						
es	15 Sala	ries, other c	ompensation, emplo	yee benefits (F	Part IX, column (A	N), lines 5–10)				13,7	<u>14</u>
sesus		essional fund	draising fees (Part I)	(, column (A), l	ine 11e)					· <u>-</u>	
Expe	<b>b</b> Tota	l fundraising	expenses (Part IX,	column (D), lın	e 25) 🕨						
ш	17 Othe	er expenses	(Part IX, column (A),	, lines 11a-11d	i, 11f–24f)			22	,417	66,1	
	18 Tota	l expenses	Add lines 13-17 (mu	ıst equal Part I	X, column (A), lin	ie 25)		25	,417	82,8	
			penses Subtract line					-3			47
5 6						· · · · · · · · · · · · · · · · · · ·	Beginn	ing of Curre	ent Year	End of Year	
Sets	20 Tota	l assets (Pa	rt X, line 16)					80	,642	79,4	<u>3</u> 4
t As	21 Tota	l liabilities (F	Part X, line 26)								
Net Assets or	22 Net a	assets or fur	nd balances Subtrac	t line 21 from	ine 20			80	,642	79,4	<del>34</del>
SP	art II		re Block								<del>-</del>
ങ	·		tres of perjury, I declare	that I have exam	ined this return, incl	uding accompanyin	g schedules and state	ements an	d to the hest	of my knowledge	
<b>N</b>		and belief, it	is true, correct, and cor	mplete Declarati	on of preparer (other	r than officer) is bas	ed on all information	of which pr	eparer has a	ny knowledge	
Sig	յր	<b>L</b>	1)1111	Yenna	5.				1 /	0/11/10	
Here Signature of officer										<del>-/ 1/10</del>	—
<u>ਦ</u> । <b>ਦ</b> -	16	, signatu	Duwn Si	Honson	Tr				Date	,	
j				monson	, ileas	urer		-	-		
<u>}</u>		▼ Type or	print name and title			····			-	D	
- -	ا بن	Preparer's	<b>L</b>			<i>a</i> /	D&9/\ /	Check if		Preparer's identifying nurr (see instructions)	nber
₽a '-		signature	Karen R	Palm	ーへへ		30/10	self- employe	d▶ X	P00157794	1
Freparer's Karen R. Falm. CPA											
Us	e Only	Firm's name			epin Ave				EIN P		
		if self-emplo address, and		neapoli		5414			Phone	612_270 12	0.2
									no 🕨	612-379-13	1
			eturn with the prepar							Yes	No
For	r Privacy Ad	ct and Pape	rwork Reduction Ad	ct Notice, see	the separate ins	tructions.				Form <b>990</b> (2	2009)

Part III * Statement of Program Servi	e Accomplishments	
1 Briefly describe the organization's mission See Schedule O		
		<u> </u>
	rogram services during the year which were not listed on	(T)
the prior Form 990 or 990-EZ?	ula O	X Yes No
If "Yes," describe these new services on Sched  3 Did the organization cease conducting, or make	significant changes in how it conducts, any program	
services?	significant changes in now it conducts, any program	Yes X No
If "Yes," describe these changes on Schedule C		i les 🔼 No
	each of the organization's three largest program services by expens	es
	nd section 4947(a)(1) trusts are required to report the amount of grain	
allocations to others, the total expenses, and re	enue, if any, for each program service reported	
	0.005	
	8,005 including grants of \$ 0 ) (Rev	
	essionals from various discipline	
	s providers, academics and research	
time slots during the day	te lectures, break-out sessions and . Added this year were poster and	d exchange
sessions which allowed no	ractitioners, researchers, faculty	and students to
present information on ev	videnced-based services to seniors	s. to bring
awareness about research	relevant to those working with ac	ging populations.
and to highlight new serv	rices that address emerging critic	cal issues,
such as elder abuse. Cont	erence attendance is between 250-	-300 attendees.
Scholarships are awarded	to up to 3 students in gerontolog	jy. CEU's are
provided to attendees.		
Co-production of a one-hotelevision station, on retransportation, driving a public television station. In addition to the prograto distribute to Minnesot persons and their familier resources for safe driving options when driving is a three public TV channeness.	5,002 including grants of \$ 0 ) (Revour TV program with TPT, the local esearch and practice related to see and community alternatives. In additional there were 11 other organization airing on television, 3500 DVD's a groups and families. The programs is in decisions related to driving and in finding alternative transport of the program is being as sover one year. A resource and contact and available for download to use	l public enior dition to the brain to the brain co-sponsors. Is were produced am will help older g, using available ansportation aired regularly or discussion guide
		venue \$
Educational programs incl	uding 5 webinars, providing conti	nuing education
seniors Webinar tonics	niors and doing research related ncluded work and retirement, heal	to services for
	logic models to assess results, u	
	thip care by grandparents. Attenda	
about 20 in each webinar.	A bi-monthly e-newsbulletin aler	its members to
events, resources and dat	a which can stengthen their work	or research with
older persons. Other reso	ources are available on the MGS we	eb site and in the
MGS membership directory	which enables different discipling	es to collaborate
on aging projects. A Gero	ntology Educators Network was beg	jun in
4d Other program services (Describe in Schedule	))	
	ing grants of \$ ) (Revenue \$	1
4e Total program service expenses ▶	69,583	<del></del>

_ [ ]	art to Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
_	complete Schedule A	2	Χ	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			Λ
•	Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<del>-</del>		- 23
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	<u> </u>		
•	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Χ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
4.0	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		V
128	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	12		Х
124	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional  12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	-	14a		X
b		170		- 21
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Χ
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Χ
		Form	990	(2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 29 If "Yes," complete Schedule I, Parts I and III	22		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			٠,,
	employees? If "Yes," complete Schedule J	23		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? If "Yes," answer lines			.,
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	244		
200	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
_	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Χ
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
22	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I			v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		<u>X</u>
J-4	III, IV, and V, line 1	1 24		v
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		<u>X</u>
00	Schedule R, Part V, line 2	25		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35		
- •	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<del>""</del>		
	19? Note. All Form 990 filers are required to complete Schedule O	38		Χ
			000	(2000)

	rt V Statements Regarding Other IRS Filings and Tax Compliance	<del></del>			
4-	Establish a supplier associated in Pay 2 of Farm 1006. Annual Summon and Transmittel of			Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	<b>1a</b> 0			
_	U.S. Information Returns. Enter -0- if not applicable.  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0			
b C	Did the organization comply with backup withholding rules for reportable payments to vendors and rej				
C	gaming (gambling) winnings to prize winners?	on table	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns		2b	Χĺ	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			
	this return?		3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		<u>X</u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarded Form 8886-T, Disclosure Branch Form	arding			
<b>C</b> -	Prohibited Tax Shelter Transaction?	_	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<del>e</del>	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or	- Oa		
-	gifts were not tax deductible?	110 01	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	poods			
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s			
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g_		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			v
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		7h		X
0	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	1 1			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them )	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ᆜ	000	(2000)

Form 990 (2009) Minnesota Gerontological Society 36-3353356

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

<del></del>	tion A. Coverning Rody and Management			
<u> </u>	tion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body		163	110
b	Enter the number of voting members that are independent  1b 16			ĺ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			1
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	etion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code )	-		
		<u> </u>	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		V	
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		V	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	40.	v	
	rise to conflicts?	12b	Χ.	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	v	
40	describe in Schedule O how this is done	12c	X	<del> </del>
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	14		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			ĺ
_	The organization's CEO, Executive Director, or top management official	150		v
a	Other officers or key employees of the organization	15a 15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	135		<del></del>
16a				ĺ
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	104		<u> </u>
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			ĺ
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ MN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Dawn Simonson 2365 McKnight Road			
N	orth St Paul MN 55337			

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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.

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
Name and Thic	hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Catherine Sulliva	n	Ţ						0	0	
<u>President</u> Jim Tift		X	-	├		<del> </del>		U	0	
Secretary	1	Х						o	0	
Dawn Simonson		+*								
reasurer	1	Х						ol	0	
		_								
		ļ		_	_					
		-								<del></del> -
		-						:		
		-	_		_			:		
		-								·
		-				_				
			-	_						
		+-								

	(A) Name and Title	(B) (C) Average Position (check all that applications per Position (chec							(D) Reportable compensation	(E) Reportable compensation		(F) Estimate amount	
·		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	CC O	other compensation from the organization and related organizations	
	·												·· .
	· · · · · · · · · · · · · · · · · · ·		_										
_													
							-						-
			-	-									
					-								
	· · · · · · · · · · · · · · · · · · ·												
1b Tota								<u> </u>					
	il number of individuals (in rtable compensation from				thos	e lis	ted a	ibov	e) who received more than	\$100,000 in		<del></del>	
emp	loyee on line 1a? If "Yes,"	' complete Schee	dule	J for	suç	h inc	lividu	ıal	oyee, or highest compensation and other compensation			3	res No
the o	organization and related o	rganizations gre	ater	than	\$15	0,00	0? If	"Ye	s," complete Schedule J fo	r such		4	X
serv	ices rendered to the organ	nization? If "Yes,								·		5	X
1 Com	B. Independent Contract plete this table for your fix pensation from the organi	ve highest comp	ensa	ited i	nde	end	lent o	conti	ractors that received more	than \$100,000 of			
		(A) business address							Descrip	(B) tion of services		Com	(C) pensation
·-·								_					
· <u>-</u> .	*						· <u>-</u>						
	<del></del>		-	<del></del>						<del></del>			
												<u></u>	
			_				ed to	tho	se listed above) who receiv	/ed		<del></del> -	
more DAA	e than \$100,000 in compe	ensation from the	orga	anıza	ation	<u> </u>						Eorm 5	990 (2009

Pa	rt V	III · Stateme	nt of Reve	nue		(A)	(B) Related or	(C)	(D) Revenue
	•					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
इइ	1a	Federated campa	aigns	1a					
oun	ь	Membership due	-	1b					
s, g	С	Fundraising even	its	1c					
gift	d	Related organiza		1d	-				
S.E	е	Government grants (con		1e					
Program Service Revenue   Contributions, gifts, grants and other similar amounts	f	All other contributions, g and similar amounts not		1f	2,94	2			
ndri	g	Noncash contributions in	ncluded in lines 1a-		\$				
<u>Ö</u> e	h	Total. Add lines	1a-1f		<u> </u>	2,942			
ıne					Busn. Cod				
ver	2a	TPT Projec	ct			42,200			42,200
e Re	b	MGS Confe	rence			27,937			27,937
ζ	С	Individua	l dues			4,115	4,115		
Ser	d	Senior/st	udent dues			470	470		
аш	е	Other Due:	s			110	110		
rogi	f	All other program	service reve	nue					,
<u>-</u>	g				<u> </u>	74,832			
	3	Investment incon	ne (including i	dıvıder	ds, interest, and				
		other similar amo	· ·		<b>•</b>	450	432		18
	4		estment of tax	-exem	pt bond proceeds <b>&gt;</b>				
	5	Royalties							
		ļ	(ı) Real		(II) Personal				
	6a	Gross Rents				_			
	b	Less rental exps							
	С	Rental inc or (loss)				_			
	d 7a	Net rental income			<u> </u>	<u> </u>			
	1 a	sales of assets	(i) Securities	3	(II) Other	_			
		other than inventory				_			
	b	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)							
	d	Net gain or (loss)	)		<u> </u>			·	
ē	8a	Gross income from	fundraising eve	nts					
eun		(not including \$							
ě		of contributions repo		) [					
- E		See Part IV, line 18		а		_			
Other Revenue		Less direct expe		ь					
Ü		Net income or (lo		1	events				<u> </u>
	9a	Gross income from		s					
		See Part IV, line 19		а	<del></del>	_			
		Less direct expe		b∤					
	С	Net income or (lo	ss) from gam	ing ac	tivities				
	10a	Gross sales of in	ventory, less	-					
		returns and allow	ances	а					
	b	Less cost of goo	ds sold	b		_			
	<u>c</u>	Net income or (lo							
		Miscella	neous Revenue	•	Busn. Cod	┥			
	11a	Misc Semina	r Income			2,014			2,014
	b	Webinar Inc	ome		<u> </u>	180			180
	С				<u> </u>				
	d	All other revenue	!		Ĺ	<u>_</u>			
	е	Total. Add lines	11a-11d		•	2,194			
	12	Total Revenue.	See instructio	ns		80,418	5,127	(	72,349

### 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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	3,000	3,000		
3	Grants and other assistance to governments,		-/		
-	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	12,551	6,275	6,276	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	200			
9	Other employee benefits	203	102	101	
10	Payroll taxes	960	480	480	
11	Fees for services (non-employees)				
a	Management				
	Legal	1,333	667	666	
	Accounting	1,333	66/	000	
d	Lobbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees Other	8,135	4,068	4,067	
g 12	Advertising and promotion	0,133	4,000	4,007	
13	Office expenses	2,603	2,063	540	
14	Information technology	3,711	2,715	996	•
15	Royalties		_,,		
16	Occupancy				
17	Travel	312	156	156	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				· · · · · · · · · · · · · · · · · · ·
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed		1		
_	5% of total expenses shown on line 25 below ) COGS	50,057	50,057		
a	COGS	30,037	30,037		<del></del>
b					
d					
e					
f	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24f	82,865	69,583	13,282	
26	Joint costs. Check here ▶ ☐ If following		1		
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
DA A	fundraising solicitation	<u> </u>			- 000

Part	X Balance Sheet		(A)		(B)
	•		Beginning of year		End of year
1	Cash—non-interest bearing		9,291	1	32,015
2	Savings and temporary cash investments	4,468	2	907	
3	Pledges and grants receivable, net		3		
4	Accounts receivable, net		4	·······	
5	Receivables from current and former officers, director				
1	employees, and highest compensated employees. Co				
	Schedule L		5	. <del></del>	
6	Receivables from other disqualified persons (as define				
Ì	4958(f)(1)) and persons described in section 4958(c)(				
	Part II of Schedule L		6		
Assets	Notes and loans receivable, net		7		
SS	Inventories for sale or use		8		
∢ ,	Prepaid expenses and deferred charges		1,000	9	1,000
10	a Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a			
	b Less accumulated depreciation	10b		10c	
1.	·	<u> </u>	65,883	11	45,512
1:			12		
1:			13		
14			14		
1:			15		
10		80,642	16	79,434	
1			17		
11			18		
1	, -		19		
2			20		
	•		21		
Liabilities	• •				
<u>=</u>	employees, highest compensated employees, and dis				
<u>'a</u>	persons Complete Part II of Schedule L		22		
<b>-</b>	•		23		
2			24		
2			25		
2	•		26		
$\overline{}$	Organizations that follow SFAS 117, check here ▶	and			
<u>2</u>	complete lines 27 through 29, and lines 33 and 34.				
<u>a</u> 2		ĺ	27		
Net Assets or Fund Balances			28		
면 2	, ,		29		
֓֞֞֞֞֞֓֞֞֓֞֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֓֡֓֡֡֡֡֡֡֡֡֡֡	Organizations that do not follow SFAS 117, check it				
7	and complete lines 30 through 34.				
O 3	· · ·		30		
sets			31	<del></del>	
ASS 3		80,642	32	79,434	
¥ 3	-	, or other fulles	80,642	33	79,434
8 3			80,642	34	79,434

Form **990** (2009)

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

Form 990 (2009)

За

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

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Minnesota Gerontological Society

Employer identification number 36-3353356

Pi	art I	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part)	See ir	struci	tions		
Γhe	orga	nization is not	a private foundation becaus	e it is (For lines 1 through 11, o	check onl	y one box	)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	П	A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4		A medical res	edical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
		city, and state											
5		An organizati	ganization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	_	_	ection 170(b)(1)(A)(iv). (Complete Part II)										
6			., ., .,	overnment or governmental unit described in section 170(b)(1)(A)(v).									
7	Ħ		norganization that normally receives a substantial part of its support from a governmental unit or from the general public										
		_	escribed in section 170(b)(1)(A)(vi). (Complete Part II )										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )											
9	X	-		1) more than 33 1/3 % of its sup	•	contribut	ions. me	mbersh	ıp fees.	and gr	oss		
-	ш	_		npt functions—subject to certain									
				nd unrelated business taxable in									
			-	0, 1975 See section 509(a)(2)	•			•					
10		•	<del>-</del>	exclusively to test for public safe			-						
11	П	_	-	exclusively for the benefit of, to	-				out the	9			
	_	purposes of o	one or more publicly support	ed organizations described in s	ection 50	9(a)(1) or	section	509(a)(2	2) See	section	1		
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizati	on and co	omplete lii	nes 11e	through	11h				
		a Type	I b Type II	c Type III-Function	ally integr	ated	d [	Тур	e III-Ot	her			
е		By checking t	this box, I certify that the org	anization is not controlled direc	tly or indi	rectly by o	ne or m	ore disc	ualified				
	_		•	and other than one or more pul	=						า		
		509(a)(1) or s	section 509(a)(2)										
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I	Type II,	or Type	III suppo	orting				
		organization,	check this box										
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution fron	n any of th	ne						
		following per	sons?										
		(ı) A persor	n who directly or indirectly co	ontrols, either alone or together	with pers	ons descr	ıbed ın (	II)				Yes	No
		and (iii) 1	below, the governing body o	f the supported organization?							11g(ı)	<u> </u>	
		(iı) A famıly	member of a person describ	ped in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(ııı		<u></u>
h		Provide the t	following information about t	he supported organization(s)									
(1)		e of supported	(II) EIN	(iv) Is the organization (v) Did you notify (vi) Is the						(VII) Amount of			
	org	anization		(described on lines 1–9 above or IRC section	in col (i) listed in your governing document?		the organization in col (i) of your		organization in col (i) organized in the		sup	ort	
			(see instructio		governing document		support?		US?		,		
					Yes	No	Yes	No	Yes	No			
						1							
					-	ļ			ļ <u>.</u>				
		<del> </del>			<del>                                      </del>								
					<del> </del>	<u> </u>				ļ			
	-												
Tota	al .				1	1				į			

organization, check this box and stop here		<b>•</b>
Section C. Computation of Public Support Percentage		

Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))

14 %

Public support percentage from 2008 Schedule A. Part II. line 14

15 %

Public support percentage from 2008 Schedule A, Part II, line 14

33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box

and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this

box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. 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 IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

Schedule A (Form 990 or 990-EZ) 2009 Minnesota Gerontological Society

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)

Sec	tiòn A. Public Support						<u> </u>			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	7,700	4,720	1,441	7,530	2,942	24,333			
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	26,460	23,858	35,738	36,423	5,127	127,606			
3	Gross receipts from activities that are not an unrelated trade or business under section 513					72,331	72,331			
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	34,160	28,578	37,179	43,953	80,400	224,270			
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	0	0	0	0	0	<del></del>			
С	Add lines 7a and 7b			,						
8	Public support (Subtract line 7c from line 6)						224,270			
	ction B. Total Support lendar year (or fiscal year beginning in)	( ) 2225	<u> </u>	() 0007	( 1) 2000					
9	Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
э 10а	Gross income from interest, dividends,	34,160	28,578	37,179	43,953	80,400	224,270			
100	payments received on securities loans, rents, royalties and income from similar sources	2,370	2,995	1,441	2,760	450	10,016			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975									
С	Add lines 10a and 10b	2,370	2,995	1,441	2,760	450	10,016			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0				
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					`				
13	Total support. (Add lines 9, 10c, 11,		$\neg$							
	and 12)	36,530	31,573	38,620	46,713	80,850	234,286			
14	First five years. If the Form 990 is for the organization, check this box and stop here	9		rth, or fifth tax yea	r as a section 501	(c)(3)	<b>&gt;</b> _			
Sec	tion C. Computation of Public Su	ipport Percent	age							
15	Public support percentage for 2009 (line 8		•	n (f))		15	95.72 <b>%</b>			
16	Public support percentage from 2008 Scho				·· · · · · · · · · · · · · · · · · ·	16	27.17 <b>%</b>			
	ction D. Computation of Investme					<del></del>				
17	Investment income percentage for 2009 (li	17	4 %							
18	Investment income percentage from 2008					<u> [ 18 ]</u>	7 <b>%</b>			
19a	33 1/3 % support tests—2009. If the orga 17 is not more than 33 1/3 %, check this b	ox and stop here.	The organization q	jualifies as a public	cly supported orga	nization	<b>▶</b> X			
b	33 1/3 % support tests—2008. If the orga					•				
	line 18 is not more than 33 1/3 %, check the		_			•	<b>&gt;</b>  _			
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2009 Minnesota Gerontological Society 36-3353356

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information See instructions

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

• Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Minnesota Gerontological Society

Employer identification number 36-3353356

Form 990 - Organization's Mission or Most Significant Activities

To provide education and exchange of information related to research and practice in gerontology, among diverse disciplines in the state of Minnesota, through conferences, webinars, newsletters and networking, with a focus on developing young professional leaders in the field of aging.

Form 990, Part III, Line 2

New Significant Program Services not listed in prior 990 submitted: The Minnesota Gerontological Society has been an all volunteer managed organization until 2006 when the Board decided to use some reserve funds to hire a 1/4 time Executive Director to manage more outreach beyond the Twin Cities Metropolitan Area to the total state of Minnesota and expand the services of MGS. Programs were expanded to include webinars, resources on a newly developed website, collaborations with other organizations, including the transportation program with the local public television station and other transportation and aging/disability organizations, and including the initiation of the statewide network of Gerontology Educators with the University of Minnesota Center on Aging. The annual Conference was expanded to include more identification and sharing of research on aging issues, and more best practices for aging service, beyond the keynote lecture and the 12 breakout sessions. A poster and exchange component was added, which resulted in 14 additional offerings to the 250 participants. The organization undertook strategic planning sessions in order to develop increased organizational capacities to manage and expand the programs, especially reaching the diverse disciplines working in the aging field in

Minnesota Gerontological Society

Employer identification number 36-3353356

the entire state of Minnesota. Increaed membership by 10% and expanding of volunteers on projects and task forces has taken place.

Form 990, Part III, Line 4b - Second Achievement program. DVD's are being distributed to senior centers, housing providers, area agencies on aging, county agencies, state agencies, individuals and families. Results include a greater awareness of resources available in the community to assist families and seniors in accessing alternative transportation options as well as continuing to drive safely through adaptive methods.

Form 990, Part III, Line 4c - Third Achievement collaboration with the University of Minnesota's Center on Aging to support exchange and collaboration among the gerontology degree and certificate programs, and enhance the educational opportunites available to students, such as internships. Other services include promoting mentors in the field of gerontology by awarding annually an "outstanding gerontologist of the year" award. Since 1984, thirty-one persons in Minnesota have received this MGS award and serve as models and mentors for new young leaders in the field. A listing of gerontology education programs and contact information is provided via the MGS website. An e-newsletter is published every other month providing timely and relevant information about resources on aging:events, training opportunities, research projects and results, awards and recognition of colleagues, funding opportunities, etc.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
The Form 990 is reviewd by the Treasurer and Executive Director in draft

Name of the organization

Minnesota Gerontological Society

Employer identification number 36-3353356

from and then submitted to the Board of Directors for final review and approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Board members are asked to declare any conflict of interest on policy
matters that are discussed and acted upon by the MGS Board. This involves
any real or apparent conflict. The Board member does not then participate
in deliberations or votes related to that policy. The one part-time staff
also adheres to this policy.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation At the present, the governing documents, conflict of interest policy and financial statements are reviewed by the Board of Directors and its Committees. It is the intention that these documents will be available to the public via the MGS website starting in 2011.