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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termin-ated ☐ Amended return ☐ Applica-tion pending

Please use IRS label or print or type. See Specific Instruc-tions

C Name of organization
METROPOLITAN AREA AGENCY ON AGING

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2365 N MCKNIGHT ROAD 3

City or town, state or country, and ZIP + 4
NORTH SAINT PAUL, MN 55109

D Employer identification number
41-1774247

E Telephone number
651-641-8612

G Gross receipts $ 10,048,723.

F Name and address of principal officer DAWN SIMONSON
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.TCAGING.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1994 M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE AREA AGENCY ON AGING FOR THE SEVEN-COUNTY TWIN CITIES METRO AREA.		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	41
	6 Total number of volunteers (estimate if necessary)	6	96
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	865.	9,965,061.
	9 Program service revenue (Part VIII, line 2g)	8,513,423.	31,680.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,210.	6,144.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	668,445.	-10,476.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,196,943.	9,992,409.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,485,689.	5,965,488.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,927,173.	2,404,886.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,818.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,955,512.	1,246,774.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,368,374.	9,617,148.
	19 Revenue less expenses. Subtract line 18 from line 12	-171,431.	375,261.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,035,857.	3,541,946.
	21 Total liabilities (Part X, line 26)	1,740,558.	2,871,386.
	22 Net assets or fund balances. Subtract line 21 from line 20	295,299.	670,560.

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 — Date 9/22/10

▶ JAMIE M WARNDAHL, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 9/17/2010 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
▶ LARSONALLEN LLP
220 SOUTH SIXTH STREET, SUITE 300
MINNEAPOLIS, MN 55402

EIN ▶

Phone no. ▶ 612-376-4500

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

SCANNED OCT 12 2010

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OGDEN, UT

917 23

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
IN PARTNERSHIP WITH PUBLIC AND PRIVATE ORGANIZATIONS, THE METROPOLITAN AREA AGENCY ON AGING HELPS ELDERS AGE SUCCESSFULLY BY BUILDING COMMUNITY CAPACITY, ADVOCATING FOR AGING ISSUES, MAXIMIZING SERVICE EFFECTIVENESS AND LINKING PEOPLE WITH INFORMATION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses $ 2,839,383. including grants of $ 2,839,383.) (Revenue $ 16,697.)
SENIOR NUTRITION TITLE III-C:
MAAA FUNDS 5 NUTRITION CONTRACTORS, TWO OF WHOM HAVE SUBCONTRACTORS, TO PROVIDE A COMBINATION OF CONGREGATE(DINING IN A COMMUNITY/SENIOR CENTER, OR IN HOUSING WHERE THE MAJORITY OF RESIDENTS ARE 60+) AND OR HOME DELIVERED MEALS. THE MEALS ARE TARGETED TO LOW-INCOME, SOCIALLY ISOLATED, WITH PARTICULAR ATTENTION TO LOW-INCOME MINORITIES AND THOSE WITH LIMITED ENGLISH PROFICIENCY - ALL OF WHOM ARE AT HIGH-NUTRITIONAL RISK, AND HAVE HIGH LEVELS OF FOOD INSECURITIES, MAAA ALSO FUNDS ONE ORGANIZATION TO SERVE AS MAAA'S CASE MANAGER FOR THE METRO REGION'S CONSUMER DIRECTED COMMUNITY SUPPORT PROGRAM. IN 2009, THESE PROGRAMS SERVED 405,838 CONGREGATE MEALS TO 7,766 PERSONS; 225,756 HOME DELIVERED MEALS TO 1,974 PERSONS, 3,672 CONSUMER DIRECTED UNITS FOR 22

4b (Code:) (Expenses $ 2,023,654. including grants of $ 2,023,654.) (Revenue $)
SUPPORTIVE SERVICES TITLE III-B:
THE MAAA FUNDS SIX SUPPORTIVE SERVICES AREAS THAT CONSIST OF CHORE, INFORMATION AND ASSISTANCE, LEGAL, RESPITE, SPECIAL ACCESS SERVICES FOR MINORITY ELDERS, AND TRANSPORTATION. EACH ORGANIZATION THAT IS A RECIPIENT OF TITLE III-B FUNDS PROVIDES SUPPORT SERVICES THAT ENABLE PERSONS, FOCUSING ON INDIVIDUALS WHO ARE LOW-INCOME, SOCIALLY ISOLATED, WITH PARTICULAR ATTENTION TO LOW-INCOME MINORITIES AND THOSE WITH LIMITED ENGLISH PROFICIENCY TO REMAIN IN THEIR COMMUNITIES. IN 2009, THE MAAA, THROUGH THESE SUPPORTIVE SERVICE AREAS, SERVED 3,062 PERSONS WITH 88,487 HOURS OF CHORE SERVIES; MADE 104,000 CONTACTS AND HELPED 26,566 PERSONS THROUGH INFORMATION AND ASSISTANCE SERVICES, 9,227 HOURS OF LEGAL SERVICES & EDUCATION TO 3,207 PERSONS, 35,712

4c (Code:) (Expenses $ 856,626. including grants of $ 856,626.) (Revenue $)
CAREGIVER SUPPORT SERVICES TITLE III-E:
THE MAAA FUNDS 12 ORGANIZATIONS TO PROVIDE SERVICES UNDER THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP). SERVICES ARE TARGETED TO CAREGIVERS WHO ARE ANY ADULT FAMILY MEMBER, OR OTHER INDIVIDUAL, WHO IS AN INFORMATIONAL PROVIDER OF IN-HOME AND COMMUNITY CARE TO: 1) AN OLDER INDIVIDUAL (60+) OR 2) INDIVIDUAL (REGARDLESS OF AGE) WITH ALZHEIMER'S DISEASE OR A RELATED DISORDER. PROVIDERS GIVE PRIORITY TO CAREGIVERS WHO ARE OLDER INDIVIDUALS (60+) WITH THE GREATEST SOCIAL AND ECONOMIC NEEDS WITH PARTICULAR ATTENTION TO LOW-INCOME MINORITIES AND THOSE WITH LIMITED ENGLISH PROFICIENCY. IN 2009 THESE PROGRAMS SERVED 694 CAREGIVERS WITH 5,603 COACHING/COUNSELING SESSIONS; 1,062 CAREGIVERS WITH 304 GROUP SUPPORT SESSIONS; 302 CAREGIVERS WITH 14,808 HOURS OF

4d Other program services. (Describe in Schedule O)
(Expenses $ 2,882,684. including grants of $ 231,675.) (Revenue $)

4e **Total program service expenses** ▶ $ 8,602,347.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) 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 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		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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		X
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	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes / No: 12A — No)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
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		X
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		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? *If "Yes," complete Schedule G, Part I*	17		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? *If "Yes," complete Schedule G, Part II*	18		X
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		X

Part IV Checklist of Required Schedules *(continued)*

			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	X	
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 2? *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 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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
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		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? *If "Yes," complete Schedule L, Part IV*	28a		X
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		X
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 Schedule N, Part II*	32		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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable	1a	22		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	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 covered 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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial 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			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a			X
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?	6b			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 20		
b	Enter the number of voting members that are independent	1b 20		
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		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?	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		X
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:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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*	9		X

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

			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 form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

TERRY NIELSEN - 651-641-8612

2365 N MCKNIGHT ROAD, NORTH ST PAUL, MN 55109

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.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
B. JAN MCCULLOCH BOARD CHAIR	2.00	X		X				0.	0.	0.
KATHLEEN GAYLORD BOARD VICE-CHAIR	1.50	X		X				0.	0.	0.
JEAN GREENER BOARD SECRETARY	1.50	X		X				0.	0.	0.
JAMIE WARNDAHL BOARD TREAURER	1.50	X		X				0.	0.	0.
GAYLE DEGLER MEMBER	1.50	X						0.	0.	0.
GAIL DORFMAN MEMBER	1.50	X						0.	0.	0.
ROBERT GEYEN MEMBER	1.50	X						0.	0.	0.
DENNIS HEGBERG MEMBER	1.50	X						0.	0.	0.
JERRY HENNEN MEMBER	1.50	X						0.	0.	0.
VIRGINIA LANEGRAN MEMBER	1.50	X						0.	0.	0.
DICK LANG MEMBER	1.50	X						0.	0.	0.
JESS LUCE MEMBER	1.50	X						0.	0.	0.
ALLEN MILLER MEMBER	1.50	X						0.	0.	0.
JAN OLSON MEMBER	1.50	X						0.	0.	0.
JAN PARKER MEMBER	1.50	X						0.	0.	0.
BOB ROEPKE MEMBER	1.50	X						0.	0.	0.
MARK SKEIE MEMBER	1.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
SALLY STAGGERT MEMBER	1.50	X						0.	0.	0.
WAYNE TAKESHITA MEMBER	1.50	X						0.	0.	0.
LAURA WATERMAN WITTSTOCK MEMBER	1.50	X						0.	0.	0.
DAWN SIMONSON EXECUTIVE DIRECTOR	40.00			X				86,822.	0.	10,625.
TERRY NIELSEN FINANCE DIRECTOR	40.00			X				68,113.	0.	22,350.
1b Total ▶								154,935.	0.	32,975.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	9308718.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	656,343.				
	g Noncash contributions included in lines 1a-1f $ 8,939.						
	h **Total.** Add lines 1a-1f			9965061.			
Program Service Revenue		Business Code					
	2a ALVA PROGRAM INCOME	900099		18,388.	18,388.		
	b CONFERENCE INCOME	900099		5,197.	5,197.		
	c REGISTRATION INCOME	900099		4,720.	4,720.		
	d ALVA SCHOLARSHIP INC.	900099		3,375.	3,375.		
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			31,680.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			7,094.			7,094.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents	40,381.					
	b Less: rental expenses	55,364.					
	c Rental income or (loss)	-14983.					
	d Net rental income or (loss)			-14,983.	-14,983.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less: cost or other basis and sales expenses		950.				
	c Gain or (loss)		-950.				
	d Net gain or (loss)			-950.			-950.
	8a 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						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a 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					
	11a OTHER INCOME	900099		4,507.			4,507.
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			4,507.			
	12 Total revenue. See instructions.			9992409.	16,697.	0.	10,651.

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).

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 governments and organizations in the U.S. See Part IV, line 21	5,965,488.	5,965,488.		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
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	195,418.		189,600.	5,818.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,633,060.	1,175,792.	457,268.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	53,088.	38,694.	14,394.	
9 Other employee benefits	378,371.	254,810.	123,561.	
10 Payroll taxes	144,949.	95,973.	48,976.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,500.	14,475.	25.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	682,481.	710,621.	-28,140.	
12 Advertising and promotion	18,361.	16,695.	1,666.	
13 Office expenses	138,885.	104,962.	33,923.	
14 Information technology	41,939.	33,887.	8,052.	
15 Royalties	1,501.	1,277.	224.	
16 Occupancy	154,847.	124,915.	29,932.	
17 Travel	40,542.	28,068.	12,474.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	31,124.	17,262.	13,862.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,265.	9,084.	62,181.	
23 Insurance	10,531.	4,351.	6,180.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS EXPENSES	30,380.	3,494.	26,886.	
b ORGANIZATION DUES	10,418.	2,499.	7,919.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,617,148.	8,602,347.	1,008,983.	5,818.
26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		144,961.	1	200.
	2	Savings and temporary cash investments		120,000.	2	620,176.
	3	Pledges and grants receivable, net			3	1,438,799.
	4	Accounts receivable, net		274,772.	4	5,293.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		60,904.	9	63,480.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 1,834,112.			
	b	Less: accumulated depreciation	10b 420,114.	1,435,220.	10c	1,413,998.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,035,857.	16	3,541,946.
Liabilities	17	Accounts payable and accrued expenses		146,624.	17	599,737.
	18	Grants payable		241,653.	18	952,968.
	19	Deferred revenue		155,852.	19	171,394.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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		1,196,429.	23	1,147,287.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,740,558.	26	2,871,386.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		295,299.	27	340,560.
	28	Temporarily restricted net assets			28	330,000.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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		295,299.	33	670,560.
	34	Total liabilities and net assets/fund balances		2,035,857.	34	3,541,946.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a	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	3b	X	

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
METROPOLITAN AREA AGENCY ON AGING	41-1774247

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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.")	9,181,812.	9,411,342.	8,517,290.	8,514,288.	9,965,061.	45,589,793.
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	9,181,812.	9,411,342.	8,517,290.	8,514,288.	9,965,061.	45,589,793.
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						45,589,793.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	9,181,812.	9,411,342.	8,517,290.	8,514,288.	9,965,061.	45,589,793.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,524.	29,227.	33,386.	14,210.	47,475.	139,822.
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 IV.)					4,507.	4,507.
11 **Total support.** Add lines 7 through 10						45,734,122.
12 Gross receipts from related activities, etc. (see instructions)					12	2,654,880.

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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.68 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	92.83 %

16a **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 ▶ ☐

b **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 ▶ ☐

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 ▶ ☐

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)

Section A. Public Support

Calendar 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.")						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 - 2008.** 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 **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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
METROPOLITAN AREA AGENCY ON AGING

Employer identification number
41-1774247

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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	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? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in 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 XIV.

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 organization answered "Yes" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

		Yes	No
(i)	unrelated organizations	3a(i)	
(ii)	related organizations	3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		352,365.		352,365.
b Buildings		937,987.	132,881.	805,106.
c Leasehold improvements				
d Equipment		543,760.	287,233.	256,527.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,413,998.

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,992,409.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,617,148.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	375,261.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	375,261.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	10,220,503.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	502,730.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	502,730.
3	Subtract line **2e** from line **1**			3	9,717,773.
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 XIV.)	4b	274,636.		
c	Add lines **4a** and **4b**			4c	274,636.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	9,992,409.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,175,242.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	502,730.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	55,364.		
e	Add lines **2a** through **2d**			2e	558,094.
3	Subtract line **2e** from line **1**			3	9,617,148.
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 XIV.)	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	9,617,148.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TEMPORARILY RESTRICTED CONTRIBUTIONS : 330000.

RENTAL EXPENSES: -55364.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 55364.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
METROPOLITAN AREA AGENCY ON AGING

Employer identification number
41-1774247

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AEOA 702 3RD AVE S VIRGINIA, MN 55792	41-6052144	501(C)3	20,000.	0.			C
AMERICAN RED CROSS, TC 176 S ROBERT ST ST PAUL, MN 55107	53-0196605	501(C)3	45,370.	0.			
ANOKA CO HUMAN SERVICES 2100 3RD AVE ANOKA, MN 55303	41-6005752	ANOKA CO.	55,000.	0.			
ANOKA CO. CAP 1201 89TH AVE NE BLAINE, MN 55434	41-6048575	501(C)3	27,996.	0.			
ARC GREATER TC 2446 UNIVERSITY AVE ST PAUL, MN 55114	41-0782848	501(C)3	43,784.	0.			
CEAP 6840 78TH AVE N BROOKLYN PARK, MN 55445	41-0990340	501(C)3	17,184.	0.			

2 Enter total number of section 501(c)(3) and government organizations ▶ 44.

3 Enter total number of other organizations ▶ 3.

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

Schedule I (Form 990) 2009

932101 02-02-10

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: THE MAAA MONITORS AND ASSESSES ITS GRANTEES/CONTRACTORS IN A COMPREHENSIVE AND OBJECTIVE MANNER THAT FUFILLS ITS FIDUCIARY RESPONSIBILITIES. METHODS USED INCLUDE, BUT ARE NOT LIMITED TO: SITE VISITS & ASSESSMENTS, SITE VISIT GUIDE, AND SITE ASSESSMENT TOOL; DOCUMENT VERIFICATION; FINANCIAL REVIEWS; MONITORING OF PROGRAM AND FINANCIAL REPORTS; FINAL OUTCOME REPORTS; MONTHLY, QUARTERLY AND YEAR-END REPORTS; NATIONAL AGING PROGRAM INFORMATION SYSTEM (NAPIS) CLIENT REGISTRATION & REPORTS; PROGRAM SUMMARY REPORTS (SUBMITTED AND THE CONCLUSION OF A FUNDING-CYCLE). SITE VISITS ARE CONDUCTED A MINIMUM OF

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
METROPOLITAN AREA AGENCY ON AGING

Employer identification number
41-1774247

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLUES 797 E 7TH ST. ST PAUL, MN 55106	41-1389686	501(C)3	55,858.	0.			
CITY OF FRIDLEY 6805 7TH ST. NE FRIDLEY, MN 55427	41-6007700	CITY OF FRIDLEY	44,374.	0.			
DARTS 1645 MARTHALER LN W ST PAUL, MN 55118	41-1326631	501(C)3	104,645.	0.			
EAST SUBURBAN RESOURCES 1754 WASHINGTON AVE STILLWATER, MN 55082	41-0880331	501(C)3	17,128.	0.			
CATHOLIC CHARITIES 1200 2ND AVE S MINNEAPOLIS, MN 55403	41-1302487	501(C)3	123,754.	0.			
ELDERBERRY INSTITUTE 475 CLEVELAND AVE N ST PAUL, MN 55104	36-3512437	501(C)3	165,591.	0.			
FAIRVIEW PHARMACY SYSTEMS 711 KASOTA AVE N STILWATER, MN 55414	72-1586863	501(C)3	32,922.	0.			
FAMILY MEANS 1875 NORTHWESTERN AVE N STILLWATER, MN 55082	41-6045574	501(C)3	92,250.	0.			

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GMCC 1001 E LAKE ST MINNEAPOLIS, MN 55407	41-0693933	501(C)3	79,890.	0.			
HMONG AMERICAN PARTNERSHIP 1075 ARCADE ST ST PAUL, MN 55106	41-1667580	501(C)3	35,000.	0.			
HUMAN SERVICES, INC. 7066 STILLWATER BLVD N OAKDALE, MN 55128	41-0955577	501(C)3	105,985.	0.			
JEWISH FAMILY & CHILD SERVICES OF MPLS - 13100 WAYZATA BLVD #100 - MINNETONKA, MN 55305	41-0693860	501(C)3	29,327.	0.			
JEWISH COMMUNITY CTR OF GREATER ST. PAUL - 1375 ST. PAUL AVE - ST PAUL, MN 55116	41-0698596	501(C)3	43,474.	0.			
KOREAN SERVICE CENTER 630 CEDAR AVE MINNEAPOLIS, MN 55454	41-1678348	501(C)3	47,100.	0.			
LAO ASSISTANCE CENTER 503 IRVING AVE N MINNEAPOLIS, MN 55405	36-3255880	501(C)3	34,875.	0.			
LAO ADVANCEMENT ORGANIZATION OF AMERICA - 2648 W BROADWAY AVE - MINNEAPOLIS, MN 55411	41-1651285	501(C)3	13,286.	0.			

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY OF MPLS 430 1ST AVE N MINNEAPOLIS, MN 55401	41-0797355	501(C)3	124,855.	0.			
MAHUBE COMMUNITY COUNCIL INC 120 N CENTRAL PARK RAPIDS, MN 56470	41-6049474	501(C)3	20,000.	0.			
MERRICK COMMUNITY SERVICES 715 EDGERTON ST ST PAUL, MN 55130	41-0693851	501(C)3	35,954.	0.			
MN CHIPPEWA TRIBE PO BOX 217 CASS LAKE, MN 56633		TRIABL GOVT	20,000.	0.			
MN KINSHIP CAREGIVERS ASSN 161 ST. ANTHONY AVE ST PAUL, MN 55103	41-1853697	501(C)3	20,000.	0.			
NEIGHBORHOOD INVOLVEMENT PROGRAM 2431 HENNEPIN AVE S MINNEAPOLIS, MN 55405	41-0956858	501(C)3	52,000.	0.			
NW YOUTH & FAMILY SVCS 3490 LEXINGTON AVE N SHOREVIEW, MN 55126	41-1284306	501(C)3	20,883.	0.			
BRIAN COYLE COMMUNITY CENTER 420 15TH AVENUE SO MINNEAPOLIS, MN 55454	41-0916478	501(C)3	35,000.	0.			

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
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Name of the organization
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Employer identification number
41-1774247

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STRATEGIC ALLIANCE FOR SR. SVCS 1645 MARTHALER LN W ST PAUL, MN 55118	41-1942542	501(C)3	165,000.	0.			
SR. COMMUNITY SERVICES 10709 WAYZATA BLVD MINNETONKA, MN 55305	41-0720473	501(C)3	263,043.	0.			
SCOTT-CARVER-DAKOTA CAP AGENCY 712 CANTERBURY RD SHAKOPEE, MN 55379	41-0903890	501(C)3	376,022.	0.			
PRISM 730 FLORIDA AVE S GOLDEN VALLEY, MN 55426	41-1442049	501(C)3	14,985.	0.			
ROSEVILLE AREA SR. PROGRAM 1910 W COUNTY RD B ROSEVILLE, MN 55113	41-0758756	501(C)3	19,809.	0.			
SO MN REG LEGAL SVCS 166 E 4TH ST ST PAUL, MN 55101	41-1316151	501(C)3	124,855.	0.			
SR. SERVICES CONSORTIUM RAMSEY CO 160 E KELLOG BLVD ST PAUL, MN 55101	31-1689516	501(C)3	523,965.	0.			
PRESBYTERIAN HOMES 2845 HAMELINE AVE N ROSEVILLE, MN 55113	41-0758756	501(C)3	1,093,270.	0.			

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
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Employer identification number
41-1774247

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANTHONY PARK COMM COUNCIL 8890 CROMWELL AVE ST PAUL, MN 55114	41-1390942	501(C)3	25,000.	0.			
STORE-TO-DOOR 1821 UNIVERSITY AVE ST PAUL, MN 55104	41-1433859	501(C)3	138,007.	0.			
VILLAGE FAMILY SVCS 3950 3RD ST ST CLOUD, MN 56303	45-0226423	501(C)3	20,000.	0.			
TRUST INC 9 W RUSTIC LODGE AVE S MINNEAPOLIS, MN 55419	41-0965940	501(C)3	55,505.	0.			
UNITED CAMBODIAN ASSOC OF MN 1101 SNELLING AVE N ST PAUL, MN 55108	41-1631017	501(C)3	47,000.	0.			
VIETNAMESE SOCIAL SVCS 1159 UNIVERSITY AVE W ST PAUL, MN 55104	36-3532232	501(C)3	40,000.	0.			
VOLUNTEERS OF AMERICA 7625 METRO BLVD MINNEAPOLIS, MN 55439	41-1554078	501(C)3	1,334,958.	0.			
CHILD CARE CHOICES INC 2901 CLEARWATER RD ST CLOUD, MN 56301	41-1321820	501(C)3	19,101.	0.			

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
METROPOLITAN AREA AGENCY ON AGING

Employer identification number
41-1774247

Part I **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST WILDER FOUNDATION 451 LEXINGTON AVE N ST PAUL, MN 55104	41-0693889	501(C)3	82,080.	0.			

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

Schedule I-1 (Form 990) 2009

932241 02-01-10

Part IV Supplemental Information

ONE-TIME PER YEAR USING AN AGENCY SITE ASSESSMENT TOOL THAT PROVIDES AN IN-DEPTH UNDERSTANDING OF AN ORGANIZATION'S MANAGEMENT OF PROGRAMS AND COMPLIANCE WITH FUNDING PRIORITIES AND PROGRAM POLICIES. DOCUMENT VERIFICATION IS REVIEWED AT LEAST ANNUALLY VERIFYING CLIENT ELIGIBILITY FOR TITLE III SERVICES. ADDITIONALLY, GRANTEES MAY ALSO BE ASKED TO PROVIDE VERIFICATION OF OTHER ITEMS SUCH AS IN-KIND MATCH AND VOLUNTEER HOURS. FINANCIAL REVIEWS INCLUDE AN IN-DEPTH REVIEW AND EVALUATION OF AN ORGANIZATION'S FINANCIAL MANAGEMENT ACTIVITIES INCLUDING DOCUMENTATION TO SUPPORT ITS ACCOUNTING ENTRIES AND PROGRAM REPORTS.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: METROPOLITAN AREA AGENCY ON AGING

Employer identification number: 41-1774247

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN 2009, THE MAAA ADDED THE UPPER MIDWEST PENSION RIGHTS PROJECT (UMPRP). THE GOAL OF THE UMPRP IS TO PROVIDE HIGH QUALITY, COMPREHENSIVE PENSION COUNSELING, INFORMATION, AND REFERRAL SERVICES THROUGH A COORDINATED, REGIONAL SERVICE DELIVERY MODEL TO THE RESIDENTS OF MINNESOTA, WISCONSIN, IOWA, NORTH & SOUTH DAKOTA. MAAA ALSO ADDED, THROUGHT STATE STATUTE, RETURN TO COMMUNITY (RTC), WHICH IS AN INITIATIVE THAT FACILITATES COMMUNITY DISCHARGE FROM NURSING HOMES WHEN A RESIDENT INDICATES A PREFERENCE AND/OR HAS STRONG SUPPORT TO RETURN TO THE COMMUNITY.

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

PERSONS AND 16,021 GROCERY SHOPPING DELIVERIES TO 734 PERSONS.

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

CONTRACTS'ACTIVITY TO 4,896 PERSONS THROUGH SPECIAL ACCESS; AND 114,605 RIDES TO 17,140 PERSONS.

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

RESPITE CARE SERVICES; 209 CAREGIVERS WITH 3,642 UNITS (DETERMINED BY SERVICE) OF SUPPLEMENTAL SERVICES; 788 CAREGIVERS WITH 7,542 ACCESS ASSISTANCE CONTACTS AND 11 CAREGIVERS WITH 1,120 UNITS OF CONSUMER DIRECTED CARE.

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

STATE NUTRITION SERVICES

EXPENSES $ 618974. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

STATE I&A - SERVED 26,566 PERSONS WITH INFORMATION ABOUT SENIOR AND CAREGIVER SUPPORT SERVICES, HOUSING OPTIONS, MEDICARE AND OTHER BENEFITS VIA THE SENIOR LINKAGE LINE CALL CENTER. PROVIDED 936 OUTREACH AND EDUCATION EVENTS IN THE COMMUNITY. NINETY-SIX TRAINED VOLUNTEER HEALTH INSURANCE COUNSELORS CONTRIBUTED 4,799 HOURS OF SERVICE REGARDING MEDICARE AND PRESCRIPTION DRUG ISSUES.

EXPENSES $ 435981. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

DEMENTIA TRANSITION - CONTINUING EFFORTS IN CONJUNCTION WITH TWO HEALTHCARE SYSTEMS TO IMPROVE CARE FOR PERSONS WITH DEMENTIA AND LINK FAMILY CAREGIVERS WITH SUPPORT SYSTEMS.

EXPENSES $ 496401. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

DATA MANAGEMENT SERVICES - MAINTAIN AND IMPROVE DATA FOR THE MINNESOTAHELP.INFO WEBSITE. DATABASE IS USED BY SENIOR LINKAGE LINE CALL CENTERS ACROSS MINNESOTA AND BY THE PUBLIC VIA THE INTERNET. THE PROJECT ENSURES THAT THE DATA ARE COMPLETE, ACCURATE, TIMELY, FINDABLE AND UNDERSTANDABLE TO MEET THE NEEDS OF CONSUMERS AND PROFESSIONAL USERS. MORE THAN 11,000 SERVICE PROVIDERS INCLUDED.

EXPENSES $ 400527. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

VITAL AGING NETWORK

EXPENSES $ 347136. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

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Employer identification number

41-1774247

ALZHEIMERS DISEASE DEMONSTRATION

EXPENSES $ 268727. INCLUDING GRANTS OF $ 116673. REVENUE $ 0.

RETURN TO COMMUNITIES - FACILITATING COMMUNITY DISCHARGE FROM NURSING HOMES WHEN A RESIDENT INDICATES A PREFERENCE AND/OR HAS STRONG SUPPORT TO RETURN TO THE COMMUNITY.

EXPENSES $ 136313. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

HEALTH PROMOTION TITLE III-D: HEALTH INSURANCE COUNSELING FOR MEDICARE BENEFICIARIES; SPECIALIZED INFORMATION AND ASSISTANCE SERVICES, INCLUDING TRANSITIONAL CONSULTATION, ACCESS TO PRESCRIPTION DRUGS, AGING & DISABILITY RESOURCES, AND RETURN TO COMMUNITY; MAINTENANCE AND IMPROVEMENT OF MINNESOTAHELP.INFO WEBSITE; TECHNICAL ASSISTANCE SERVICES TO HEALTH CARE PROVIDERS, LONG-TERM CARE PROVIDERS, AND HUMAN SERVICES PROVIDERS IN THE AREAS OF COMMUNITY LONG-TERM CARE DEVELOPMENT, DEMENTIA CARE MODELS, CAREGIVER SUPPORT, EVIDENCE-BASED FALLS PREVENTION; SURVEY OF ELDERLY WAIVER RECIPIENTS; VITAL AGING NETWORK; PENSION COUNSELING, INFORMATION AND REFERRAL SERVICES.

EXPENSES $ 115002. INCLUDING GRANTS OF $ 115002. REVENUE $ 0.

PENSION RIGHTS PROJECT - PROVISION OF HIGH QUALITY, COMPREHENSIVE PENSION COUNSELING , INFORMATION, AND REFERRAL SERVICES THROUGH A REGIONAL SERVICE DELIVERY MODEL TO RESIDENTS OF MN, WI, IA, AND NORTH AND SOUTH DAKOTA.

EXPENSES $ 63623. INCLUDING GRANTS OF $ 0. REVENUE $ 0.

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FORM 990, PART VI, SECTION A, LINE 1: THE EXECUTIVE COMMITTEE IS COMPOSED OF THE OFFICERS OF THE BOARD, NAMELY THE CHAIR, VICE-CHAIR, SECRETARY, TREASURER, IMMEDIATE PAST-CHAIR, AND THE CHAIRS OF OTHER BOARD-ESTABLISHED COMMITTEES. ALL MEMBERS OF COMMITTEES ARE ALSO ELECTED MEMBERS OF THE BOARD OF DIRECTORS.

EXCEPT FOR THE POWER TO AMEND THE ARTICLES OF INCORPORATION AND BYLAWS, THE EXECUTIVE COMMITTEE HAS ALL OF THE POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, SUBJECT TO THE DIRECTION AND CONTROL OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: AT A REGULAR BOARD MEETING THE BOARD OF DIRECTORS WILL REVIEW A PRINTED COPY OF THE FORM 990 BEFORE IT IS FILED. BOARD MEMBERS WILL RECEIVE A COPY OF THE DOCUMENT ONE WEEK PRIOR TO THE MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS OF THE MAAA ARE ASKED TO SUBMIT AN ANNUAL STATEMENT DECLARING CONFLICTS OF INTEREST, IF ANY. IF A BOARD MEMBER DECLARES A CONFLICT OF INTEREST, THE BOARD'S EXECUTIVE COMMITTEE WILL RESOLVE ANY REAL OR APPARENT CONFLICT(S) AND, IN THE ABSENSCE OF RESOLUTION, REFER THE MATTER TO THE BOARD OF DIRECTORS. DURING MEETINGS OF THE BOARD AND ITS COMMITTEES, BOARD MEMBERS ARE REQUIRED TO DECLARE ANY REAL OR APPARENT CONFLICT OF INTEREST. TO DETERMINE A CONFLICT OF INTEREST, THE "INTERESTED PERSON" DISCLOSES THE MATERIAL FACTS, AND THE BOARD, OR THE COMMITTEE THEREOF, DETERMINES WHETHER A CONFLICT EXISTS. DISINTERESTED BOARD MEMBERS CAN GATHER ADDITIONAL FACTS FROM THE INTERESTED BOARD MEMBER. NO BOARD MEMBER MAY VOTE IN ANY DELIBERATION

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RELATING TO POLICIES, ISSUES, SELECTION OF VENDORS, AND/OR FUNDING PROPOSALS IN WHICH HE/SHE HAS A CONFLICT OF INTEREST AS DETERMINED BY THE BOARD.

KEY EMPLOYEES: EMPLOYEES RECEIVE A COPY OF THE AGENCY'S PERSONNEL POLICIES MANUAL AT THE TIME OF HIRE. THE MANUAL OUTLINES ACTIONS DEEMED TO BE CONFLICT OF INTEREST AND THE DISCIPLINARY ACTIONS THAT RESULT IF AN EMPLOYEE VIOLATES THE CONFLICT OF INTEREST POLICY. SUPERVISORS ARE RESPONSIBLE TO KNOW THE AGENCY'S CONFLICT OF INTEREST POLICY AND MONITOR THE EMPLOYEES THEY DIRECTLY SUPERVISE RELATED TO CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD'S EXECUTIVE COMMITTEE DETERMINES ALL AGENCY SALARY RANGES VIA COMPARISON WITH SURVEY INFORMATION COMPILED BY THE MN COUNCIL OF NON-PROFITS IN THEIR ANNUAL PUBLICATION, MINNESOTA NONPROFIT SALARY AND BENEFITS SURVEY. THE SURVEY IS A COMPILATION OF APPROXIMATELY 600 MINNESOTA NONPROFIT CORPORATIONS. IN ADDITION THE COMMITTEE CONSIDERS ADDITIONAL SPECIFIC INFORMATION FROM AGENCIES SIMILAR TO THE MAAA. EACH KEY EMPLOYEE RECEIVES AN ANNUAL PERFORMANCE REVIEW AND HIS/HER SALARY IS DETERMINED BASED ON MERIT WITHIN THE ESTABLISHED RANGE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AFTER FORMALLY APPROVED OR ACCEPTED BY BOARD OF DIRECTORS.