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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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 NO 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 $ 10,017,349

F Name and address of principal officer
DAWN SIMONSON
2365 N MCKNIGHT ROAD NO 3
NORTH SAINT PAUL, MN 55109

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) ☐ 501(c) ( ) ◀ (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

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 individuals employed in calendar year 2010 (Part V, line 2a)	**5**	51
6	Total number of volunteers (estimate if necessary)	**6**	60
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	9,965,061	9,895,193
9	Program service revenue (Part VIII, line 2g)	31,680	35,785
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,144	4,049
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,476	25,825
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,992,409	9,960,852
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,965,488	5,995,610
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,404,886	2,892,871
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶5,063		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,246,774	1,409,546
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,617,148	10,298,027
19	Revenue less expenses Subtract line 18 from line 12	375,261	-337,175

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,541,946	3,657,153
21	Total liabilities (Part X, line 26)	2,871,386	3,323,768
22	Net assets or fund balances Subtract line 21 from line 20	670,560	333,385

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

****** | 2011-06-27
Signature of officer | Date

JAMIE M WARNDAHL TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
XIAOYAN LUO	XIAOYAN LUO			

Firm's name ▶ LARSONALLEN LLP — Firm's EIN ▶

Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300
MINNEAPOLIS, MN 55402 — Phone no ▶ (612) 376-4500

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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? . . . . . ☐ Yes ☑ No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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

4a (Code) (Expenses $ 3,828,014 including grants of $ 3,125,814) (Revenue $ 0)

SENIOR NUTRITION TITLE III-C MAAA FUNDS SIX 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 INDIVIDUALS, 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 2010, THESE PROGRAMS SERVED 415,849 CONGREGATE MEALS TO 8,224 PERSONS, 221,348 HOME DELIVERED MEALS TO 1,815 PERSONS, 963 CONSUMER DIRECTED UNITS FOR FOUR PERSONS AND 21,025 GROCERY SHOPPING DELIVERIES TO 1,347 PERSONS

4b (Code) (Expenses $ 1,938,921 including grants of $ 1,909,525) (Revenue $ 35,361)

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 2010, THE MAAA, THROUGH THESE SUPPORTIVE SERVICE AREAS, SERVED 3,158 PERSONS WITH 97,536 HOURS OF CHORE SERVIES, MADE 114,349 CONTACTS AND HELPED 35,231 PERSONS THROUGH INFORMATION AND ASSISTANCE SERVICES, 9,233 HOURS OF LEGAL SERVICES AND EDUCATION TO 3,543 PERSONS, 25,987 CONTRACTS'ACTIVITY TO 4,254 PERSONS THROUGH SPECIAL ACCESS, AND 88,712 RIDES TO 4,728 PERSONS

4c (Code) (Expenses $ 830,463 including grants of $ 830,463) (Revenue $ 0)

CAREGIVER SUPPORT SERVICES TITLE III-E THE MAAA FUNDS NINE 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) AN 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 2010, THESE PROGRAMS SERVED 543 CAREGIVERS WITH 5,603 COACHING/COUNSELING SESSIONS, 224 CAREGIVERS WITH 16,001 HOURS OF RESPITE CARE SERVICES, 140 CAREGIVERS WITH 4,919 UNITS (DETERMINED BY SERVICE) OF SUPPLEMENTAL SERVICES, 485 CAREGIVERS WITH 7,347 ACCESS ASSISTANCE CONTACTS AND THREE CAREGIVERS WITH 596 UNITS OF CONSUMER DIRECTED RESPITE SERVICES

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 2,655,378 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 9,252,776

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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**		No
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**		No
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**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	37		
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 Yes	
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	51		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
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	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 20		
b	Enter the number of voting members included in line 1a, above, who 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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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 Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

TERRY NIELSEN
2365 N MCKNIGHT ROAD
NORTH ST PAUL, MN 55109
(651) 641-8612

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) B JAN MCCULLOCH BOARD CHAIR	2 00	X		X				0	0	0
(2) KATHLEEN GAYLORD BOARD VICE-CHAIR	1 50	X		X				0	0	0
(3) JEAN GREENER BOARD SECRETARY	1 50	X		X				0	0	0
(4) JAMIE M WARNDAHL BOARD TREAURER	1 50	X		X				0	0	0
(5) GAYLE DEGLER MEMBER	1 50	X						0	0	0
(6) GAIL DORFMAN MEMBER	1 50	X						0	0	0
(7) ROBERT GEYEN MEMBER	1 50	X						0	0	0
(8) JERRY HENNEN MEMBER	1 50	X						0	0	0
(9) VIRGINIA LANEGRAN MEMBER	1 50	X						0	0	0
(10) DICK LANG MEMBER	1 50	X						0	0	0
(11) JESS LUCE MEMBER	1 50	X						0	0	0
(12) ALLEN MILLER MEMBER	1 50	X						0	0	0
(13) JAN OLSON MEMBER	1 50	X						0	0	0
(14) LUIS ORTEGA MEMBER	1 50	X						0	0	0
(15) JAN PARKER MEMBER	1 50	X						0	0	0
(16) BILL PULKRABEK 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 (describe hours for related organizations in Schedule O)	(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			
(17) BOB ROEPKE MEMBER	1 50	X						0	0	0
(18) MARK SKEIE MEMBER	1 50	X						0	0	0
(19) SALLY STAGGERT MEMBER	1 50	X						0	0	0
(20) LAURA WATERMAN WITTSTOCK MEMBER	1 50	X						0	0	0
(21) DAWN SIMONSON EXECUTIVE DIRECTOR	40 00			X				89,840	0	11,428
(22) TERRY NIELSEN FINANCE DIRECTOR	40 00			X				80,353	0	21,515
(23) THOMAS HYDER V A N DIRECTOR	40 00					X		94,387	0	0
(24) MICHAEL CHARNEY DATA MANAGEMENT DIRECTOR	40 00					X		92,667	0	0
(25) ROBERT ANDERSON ASSOCIATE DIRECTOR	40 00					X		89,975	0	0
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								170,193	0	32,943

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**		No
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**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		No

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

(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	9,808,803				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	86,390				
	g Noncash contributions included in lines 1a-1f $	8,593				
	h **Total.** Add lines 1a-1f . . . . . ▶		9,895,193			
Program Service Revenue		Business Code				
	2a ALVA PROGRAM INCOME	900099	21,975	21,975		
	b REGISTRATION INCOME	900099	7,085	7,085		
	c ALVA SCHOLARSHIP INC	900099	5,975	5,975		
	d CONFERENCE INCOME	900099	750	750		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		35,785			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		3,949			3,949
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents	56,173 /				
	b Less rental expenses	56,597 /				
	c Rental income or (loss)	-424 /				
	d Net rental income or (loss) . . . . . ▶		-424	-424		
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	/				
	b Less cost or other basis and sales expenses	/ -100				
	c Gain or (loss)	/ 100				
	d Net gain or (loss) . . . . . ▶		100			100
Other Revenue	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	26,249			26,249
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		26,249			
	12 **Total revenue.** See Instructions . . . ▶		9,960,852	35,361	0	30,298

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	5,995,610	5,995,610		
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	209,812		204,749	5,063
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	1,981,108	1,554,938	426,170	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	71,092	52,472	18,620	
9 Other employee benefits	441,988	331,156	110,832	
10 Payroll taxes	188,871	139,404	49,467	
a Fees for services (non-employees) Management				
b Legal				
c Accounting	15,116	9,070	6,046	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	782,193	746,619	35,574	
12 Advertising and promotion	20,326	19,952	374	
13 Office expenses	154,000	137,202	16,798	
14 Information technology	55,227	42,853	12,374	
15 Royalties				
16 Occupancy	106,136	71,676	34,460	
17 Travel	58,263	46,253	12,010	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	49,596	42,271	7,325	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,449	11,019	75,430	
23 Insurance	10,703	4,536	6,167	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a MISCELLANEOUS EXPENSES	58,662	44,526	14,136	
b ORGANIZATION DUES	12,875	3,219	9,656	
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	10,298,027	9,252,776	1,040,188	5,063
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		200	1	200
	2	Savings and temporary cash investments		620,176	2	600,864
	3	Pledges and grants receivable, net		1,438,799	3	1,606,190
	4	Accounts receivable, net		5,293	4	7,696
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		63,480	9	68,727
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,870,848			
	b	Less accumulated depreciation	10b 497,372	1,413,998	10c	1,373,476
	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)		3,541,946	16	3,657,153
Liabilities	17	Accounts payable and accrued expenses		599,737	17	771,340
	18	Grants payable		952,968	18	1,119,139
	19	Deferred revenue		171,394	19	334,692
	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		1,147,287	23	1,098,597
	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		2,871,386	26	3,323,768
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		340,560	27	333,385
	28	Temporarily restricted net assets		330,000	28	0
	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		670,560	33	333,385
	34	Total liabilities and net assets/fund balances		3,541,946	34	3,657,153

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	9,960,852
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,298,027
3	Revenue less expenses Subtract line 2 from line 1	3	-337,175
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	670,560
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	333,385

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
METROPOLITAN AREA AGENCY ON AGING

Employer identification number
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 331/3% 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 331/3% 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 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	9,411,342	8,517,290	8,514,288	9,965,061	9,895,193	46,303,174
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	9,411,342	8,517,290	8,514,288	9,965,061	9,895,193	46,303,174
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						46,303,174

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	9,411,342	8,517,290	8,514,288	9,965,061	9,895,193	46,303,174
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,227	33,386	14,210	47,475	60,122	184,420
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	26,249	30,756
11 **Total support** (Add lines 7 through 10)						46,518,350

12	Gross receipts from related activities, etc (See instructions)	12	2,013,584

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99 540 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99 680 %

16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS REVENUE

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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

2010

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 may 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 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 the 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 Investment earnings or 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	164,148	773,839
c Leasehold improvements		580,496	333,224	247,272
d Equipment				
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,373,476

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should 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. *(Column (b) should 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) should 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) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,960,852
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,298,027
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-337,175
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 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-337,175

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	10,497,805
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	150,356		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	150,356
3	Subtract line **2e** from line **1**			3	10,347,449
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	-386,597		
c	Add lines **4a** and **4b**			4c	-386,597
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,960,852

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

1	Total expenses and losses per audited financial statements			1	10,504,980
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	150,356		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	56,597		
e	Add lines **2a** through **2d**			2e	206,953
3	Subtract line **2e** from line **1**			3	10,298,027
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 should equal Form 990, Part I, line 18)			5	10,298,027

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, 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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MAAA HAS ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS NO LIABILITY WAS RECOGNIZED BY MAAA AS A RESULT OF THE STANDARDS IMPLEMENTATION MAAA'S 2010, 2009, AND 2008 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS THE ENTITY FILES AS A TAX-EXEMPT ORGANIZATION SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION COULD BE SUBJECT TO REVIEW BY THE IRS
PART XII, LINE 4B - OTHER ADJUSTMENTS		TEMPORARILY RESTRICTED CONTRIBUTIONS -330,000 RENTAL EXPENSES -56,597
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 56,597

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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," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2010

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? . . . ☑ 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 46

3 Enter total number of other organizations . . . ▶ 0

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 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 41-1774247
Name: METROPOLITAN AREA AGENCY ON AGING

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code 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
AEOA702 3RD AVE S VIRGINIA,MN 55792	41-6052144	501(C)(3)	20,000		N/A	N/A	CAREGIVER SERVICES
ANOKA COUNTY HUMAN SERVICES2100 3RD AVE ANOKA,MN 55303	41-6005752	501(C)(3)	60,000		N/A	N/A	CAREGIVER SERVICES
ANOKA COUNTY CAP1201 89TH AVE NE BLAINE,MN 55434	41-6048575	501(C)(3)	28,733		N/A	N/A	CHORE SERVICES
ARC GREATER TWIN CITIES2446 UNIVERSITY AVE ST PAUL,MN 55114	41-0782848	501(C)(3)	19,746		N/A	N/A	CAREGIVER SERVICES
CEAP6840 78TH AVE N BROOKLYN PARK,MN 55445	41-0990340	501(C)(3)	17,184		N/A	N/A	CHORE SERVICES
CLUES797 E 7TH ST ST PAUL,MN 55106	41-1389686	501(C)(3)	19,999		N/A	N/A	CAREGIVER AND TRANSPORTATION SERVICES
CITY OF FRIDLEY6805 7TH ST NE FRIDLEY,MN 55427	41-6007700	N/A	29,552		N/A	N/A	CHORE SERVICES
DARTS1645 MARTHALER LN W ST PAUL,MN 55118	41-1326631	501(C)(3)	104,645		N/A	N/A	CAREGIVER AND CHORE SERVICES
EAST SUBURBAN RESOURCES1754 WASHINGTON AVE STILLWATER,MN 55082	41-0880331	501(C)(3)	16,220		N/A	N/A	CHORE SERVICES
CATHOLIC CHARITIES 1200 2ND AVE S MINNEAPOLIS,MN 55403	41-1302487	501(C)(3)	107,064		N/A	N/A	CAREGIVER AND SPECIAL ACCESS SERVICES
ELDERBERRY INSTITUTE 475 CLEVELAND AVE N ST PAUL,MN 55104	36-3512437	501(C)(3)	110,914		N/A	N/A	NUTRITION AND CAREGIVER SERVICES
FAIRVIEW PHARMACY SYSTEMS711 KASOTA AVE N STILWATER,MN 55414	72-1586863	501(C)(3)	31,571		N/A	N/A	HEALTH PROMOTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAMILY MEANS1875 NORTHWESTERN AVE N STILLWATER,MN 55082	41-6045574	501(C)(3)	97,000		N/A	N/A	CAREGIVER SERVICES
GMCC1001 E LAKE ST MINNEAPOLIS,MN 55407	41-0693933	501(C)(3)	76,733		N/A	N/A	CHORE SERVICES
HUMAN SERVICES INC 7066 STILLWATER BLVD N OAKDALE,MN 55128	41-0955577	501(C)(3)	85,948		N/A	N/A	NUTRITION SERVICES
INTER-TRIBAL3244 34TH AVE S MINNEAPOLIS,MN 55406	36-3411450	501(C)(3)	30,835		N/A	N/A	SPECIAL ACCESS SERVICES
JEWISH FAMILY & CHILD SERVICES OF MINNEAPOLIS13100 WAYZATA BLVD 100 MINNETONKA,MN 55305	41-0693860	501(C)(3)	29,327		N/A	N/A	NUTRITION SERVICES
JEWISH COMMUNITY CENTER OF GREATER ST PAUL1375 ST PAUL AVE ST PAUL,MN 55116	41-0698596	501(C)(3)	10,732		N/A	N/A	NUTRITION AND TRANSPORTATION SERVICES
KOREAN SERVICE CENTER 630 CEDAR AVE MINNEAPOLIS,MN 55454	41-1678348	501(C)(3)	80,000		N/A	N/A	CAREGIVER SERVICES
LAO ASSISTANCE CENTER 503 IRVING AVE N MINNEAPOLIS,MN 55405	36-3255880	501(C)(3)	63,107		N/A	N/A	SPECIAL ACCESS SERVICES
LAO ADVANCEMENT ORGANIZATION OF AMERICA2648 W BROADWAY AVE MINNEAPOLIS,MN 55411	41-1651285	501(C)(3)	34,999		N/A	N/A	NUTRITION SERVICES
LEGAL AID SOCIETY OF MINNEAPOLIS430 1ST AVE N MINNEAPOLIS,MN 55401	41-0797355	501(C)(3)	124,855		N/A	N/A	LEGAL SERVICES
MAHUBE COMMUNITY COUNCIL INC120 N CENTRAL PARK RAPIDS,MN 56470	41-6049474	501(C)(3)	20,000		N/A	N/A	CAREGIVER SERVICES
MERRICK COMMUNITY SERVICES715 EDGERTON ST ST PAUL,MN 55130	41-0693851	501(C)(3)	35,954		N/A	N/A	CHORE SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MINNESOTA CHIPPEWA TRIBEPO BOX 217 CASS LAKE,MN 56633	41-0673588	N/A	20,000		N/A	N/A	CAREGIVER SERVICES
MINNESOTA KINSHIP CAREGIVERS ASSOCIATION161 ST ANTHONY AVE ST PAUL,MN 55103	41-1853697	501(C)(3)	20,002		N/A	N/A	CAREGIVER SERVICES
NEIGHBORHOOD INVOLVEMENT PROGRAM 2431 HENNEPIN AVE S MINNEAPOLIS,MN 55405	41-0956858	501(C)(3)	52,000		N/A	N/A	CHORE SERVICES
NW YOUTH & FAMILY SERVICES3490 LEXINGTON AVE N SHOREVIEW,MN 55126	41-1284306	501(C)(3)	17,368		N/A	N/A	CHORE SERVICES
BRIAN COYLE COMMUNITY CENTER420 15TH AVENUE SO MINNEAPOLIS,MN 55454	41-0916478	501(C)(3)	35,000		N/A	N/A	SPECIAL ACCESS SERVICES
STRATEGIC ALLIANCE FOR SENIOR SERVICES1645 MARTHALER LN W ST PAUL,MN 55118	41-1942542	501(C)(3)	172,717		N/A	N/A	CAREGIVER SERVICES
SENIOR COMMUNITY SERVICES10709 WAYZATA BLVD MINNETONKA,MN 55305	41-0720473	501(C)(3)	77,123		N/A	N/A	CHORE AND TRANSPORTATION SERVICES
SCOTT-CARVER-DAKOTA CAP AGENCY712 CANTERBURY RD SHAKOPEE,MN 55379	41-0903890	501(C)(3)	332,620		N/A	N/A	NUTRITION AND CHORE SERVICES
PRISM730 FLORIDA AVE S GOLDEN VALLEY,MN 55426	41-1442049	501(C)(3)	330,424		N/A	N/A	TRANSPORTATION SERVICES
SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES166 E 4TH ST ST PAUL,MN 55101	41-1316151	501(C)(3)	124,855		N/A	N/A	LEGAL SERVICES
SENIOR SERVICES CONSORTIUM RAMSEY COUNTY160 E KELLOG BLVD ST PAUL,MN 55101	31-1689516	501(C)(3)	467,379		N/A	N/A	NUTRITION SERVICES
PRESBYTERIAN HOMES 2845 HAMLINE AVE N ROSEVILLE,MN 55113	41-0758756	501(C)(3)	1,442,415		N/A	N/A	NUTRITION SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 COMMUNITY COUNCIL 8890 CROMWELL AVE ST PAUL,MN 55114	41-1390942	501(C)(3)	25,000		N/A	N/A	CHORE SERVICES
STORE-TO-DOOR1821 UNIVERSITY AVE ST PAUL,MN 55104	41-1433859	501(C)(3)	156,658		N/A	N/A	NUTRITION SERVICES
VILLAGE FAMILY SERVICES3950 3RD ST ST CLOUD,MN 56303	45-0226423	501(C)(3)	20,000		N/A	N/A	CAREGIVER SERVICES
TRUST INC9 W RUSTIC LODGE AVE S MINNEAPOLIS,MN 55419	41-0965940	501(C)(3)	45,000		N/A	N/A	CHORE SERVICES
UNITED CAMBODIAN ASSOCIATION OF MINNESOTA1101 SNELLING AVE N ST PAUL,MN 55108	41-1631017	501(C)(3)	52,780		N/A	N/A	SPECIAL ACCESS SERVICES
VIETNAMESE SOCIAL SERVICES1159 UNIVERSITY AVE W ST PAUL,MN 55104	36-3532232	501(C)(3)	35,000		N/A	N/A	SPECIAL ACCESS SERVICES
VOLUNTEERS OF AMERICA 7625 METRO BLVD MINNEAPOLIS,MN 55439	41-1554078	501(C)(3)	1,469,656		N/A	N/A	NUTRITION, CAREGIVER, SPECIAL ACCESS SERVICES
CHILD CARE CHOICES INC 2901 CLEARWATER RD ST CLOUD,MN 56301	41-1321820	501(C)(3)	20,000		N/A	N/A	CAREGIVER SERVICES
AMHERST WILDER FOUNDATION451 LEXINGTON AVE N ST PAUL,MN 55104	41-0693889	501(C)(3)	111,298		N/A	N/A	HEALTH PROMOTION
PRIOR YEAR GRANTS RELEASED FROM RESTRICTION			-330,000		N/A	N/A	PRIOR YEAR GRANTS RELEASED FROM RESTRICTION

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
METROPOLITAN AREA AGENCY ON AGING

Employer identification number
41-1774247

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
	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 ABSENCE 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 IF A CONFLICT OF INTEREST EXISTS, 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 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

Identifier	Return Reference	Explanation
	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 THIS PROCESS WAS LAST USED IN 2009 FOR THE EXECUTIVE DIRECTOR, D SIMONSON AND THE FINANCE DIRECTOR, T NIELSEN

Identifier	Return Reference	Explanation
	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

Additional Data

Software ID:
Software Version:
EIN: 41-1774247
Name: METROPOLITAN AREA AGENCY ON AGING

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 2,655,378 including grants of $ 0) (Revenue $ 0)

OTHER PROGRAMS TITLE III-D HEALTH PROMOTION FUNDS TO TWO ORGANIZATIONS FOR EVIDENCE-BASED HEALTH PROMOTION ACTIVITIES - 407 PERSONS SERVED WITH 2,234 UNITS, AND FUNDS FOR ONE ORGANIZATION TO PROVIDE MEDICATION MANAGEMENT - 83 PERSONS SERVED AND 299 ATTENDED EDUCATIONAL PRESENTATIONS ($142,869) STATE FUNDING TO THREE ORGANIZATIONS TO PROVIDE GROCERY DELIVERY FOR 919 PERSONS SERVED WITH 21,025 UNITS ($62,218) EVALUATION AND TECHNICAL ASSISTANCE INCLUDING CARONDOLET PROJECT AND EVALUATION OF QUASI-FORMAL SERVICES BY WILDER RESEARCH ($14,774) DEVELOPMENT AND PROVISION OF DEMENTIA IDENTIFICATION SERVICES IN HOSPITALS AND CLINICS, FAMILY MEMORY CARE SERVICES, AND RELATED EFFORTS IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS TO IMPROVE SERVICES TO PEOPLE WITH ALZHEIMER'S DISEASE/OTHER DEMENTIAS AND THEIR FAMILY CAREGIVERS ($527,587) PROVISION OF RISK SCREENING AND DIVERSION SUPPORT PLANNING, CARE TRANSITION SERVICES, AND TRANSITIONAL CONSULTATION IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS FOR PERSONS IN NURSING HOMES AND AT RISK OF PLACEMENT ($476,412) MEDICARE PART D ENROLLMENT ASSISTANCE, HEALTH INSURANCE COUNSELING, ACCESS TO PRESCRIPTION DRUGS, DISSEMINATION OF INFORMATIONAL MATERIALS, OUTREACH FOR MEDICARE LOW INCOME SUBSIDY AND DETECTION OF MEDICARE FRAUD, WASTE AND ABUSE SERVICES DELIVERED BY TRAINED, CERTIFIED VOLUNTEERS AND STAFF ($564,358) MANAGEMENT OF STATEWIDE LONG-TERM CARE DATABASE MINNESOTAHELP INFO UNDER CONTRACT WITH MN BOARD ON AGING AND MN DEPARTMENT OF HUMAN SERVICES ($514,281) PENSION COUNSELING SERVICES IN MINNESOTA, WISCONSIN, IOWA, AND NORTH AND SOUTH DAKOTA IN PARTNERSHIP WITH IOWA LEGAL AID AND OTHER ORGANIZATIONS THROUGH FUNDING BY THE ADMINISTRATION ON AGING ($171,249) DEVELOPMENT OF ENHANCEFITNESS, IT'S A MATTER OF BALANCE, AND CHRONIC DISEASE SELF-MANAGEMENT SERVICES WITH COMMUNITY PARTNERS ($139,475) PLANNING PROJECT WITH THE VITAL AGING NETWORK TO DESIGN LIFETIME COMMUNITIES INITIATIVE ($27,801) FISCAL AGENT FOR VITAL AGING NETWORK ($390,836) FISCAL AGENT FOR TRAINING TO SERVE ($7,480) FISCAL AGENT FOR MN LEADERSHIP COUNCIL ON AGING ($7,130)