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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**

<b>A</b> For the 2010 calendar year, or tax year beginning <u>10/1/2010</u> , and ending <u>9/30/2011</u>																												
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <u>Northwest Senior Resources Inc</u></td> <td><b>D</b> Employer identification number <u>38-2056710</u></td> </tr> <tr> <td colspan="2">Doing Business As <u>Area Agency on Aging of Northwest Michigan</u></td> <td><b>E</b> Telephone number <u>(231) 947-8920</u></td> </tr> <tr> <td colspan="2">Number and street (or P O box if mail is not delivered to street address) <u>PO Box 5946</u></td> <td></td> </tr> <tr> <td colspan="2">Room/suite <u></u></td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 <u>Traverse City MI 49696</u></td> <td><b>G</b> Gross receipts \$ <u>8,954,509</u></td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer <u>Robert Schlueter PO Box 5946, Traverse City, MI 49696</u></td> <td> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," attach a list (see instructions)       </td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ <u>WWW.AAANM.ORG</u></td> <td></td> </tr> <tr> <td><b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td colspan="2"><b>L</b> Year of formation <u>1973</u> <b>M</b> State of legal domicile <u>MI</u></td> </tr> </table>	<b>C</b> Name of organization <u>Northwest Senior Resources Inc</u>		<b>D</b> Employer identification number <u>38-2056710</u>	Doing Business As <u>Area Agency on Aging of Northwest Michigan</u>		<b>E</b> Telephone number <u>(231) 947-8920</u>	Number and street (or P O box if mail is not delivered to street address) <u>PO Box 5946</u>			Room/suite <u></u>			City or town, state or country, and ZIP + 4 <u>Traverse City MI 49696</u>		<b>G</b> Gross receipts \$ <u>8,954,509</u>	<b>F</b> Name and address of principal officer <u>Robert Schlueter PO Box 5946, Traverse City, MI 49696</u>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ <u>WWW.AAANM.ORG</u>			<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation <u>1973</u> <b>M</b> State of legal domicile <u>MI</u>	
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>The mission of the Area Agency on Aging of Northwest Michigan is to serve older adults and certain persons with disabilities, by coordinating services that address their needs and that support their independence, dignity and quality of life. And strive to be an effective advocate for our community.</u>			
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	0	
	<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	45	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	10	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		<b>9</b>	Program service revenue (Part VIII, line 2g)	7,983,300	8,858,046
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	70,087	88,854	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,792	-5,604	
<b>12</b>		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,810	13,213	
<b>13</b>		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,086,989	8,954,509	
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0	6,461,678	
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0	
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	1,715,323	1,808,998	
<b>17</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0	
<b>Expenses</b>	<b>18</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,068,076	494,092	
	<b>19</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,783,399	8,764,768	
	<b>20</b>	Revenue less expenses Subtract line 18 from line 12	303,590	189,741	
	<b>Net Assets or Fund Balances</b>	<b>21</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		<b>22</b>	Total liabilities (Part X, line 26)	1,986,757	2,234,328
		<b>23</b>	Net assets or fund balances Subtract line 21 from line 20	611,609	669,439
		<b>24</b>		1,375,148	1,564,889

**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.

<b>Sign Here</b>		Date	5/14/2012		
	Signature of officer <b>Robert Schlueter</b> Type or print name and title	Executive Director			
<b>Paid Preparer's Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	SELF-PREPARED RETURN				
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

(HTA)

SCA, LTD JUN 25 2012

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**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:

To service older adults and certain persons with disabilities, by coordinating services that address their needs and that support their independence, dignity and quality of life. And strive to be an effective advocate for our community.

**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 \$ 6,971,617 including grants of \$ 6,971,617 ) (Revenue \$ 0.)

Coordinated Purchases of Senior Services, Title IIIB, Care Management, TCM, Mi-Choice Waiver Program, MMAP, Other Grants and Contracted Senior Services

**4b** (Code: ) (Expenses \$ 153,008 including grants of \$ 153,008 ) (Revenue \$ 0.)

Title V Program Employment Training

**4c** (Code: ) (Expenses \$ 1,347,347 including grants of \$ 1,347,347 ) (Revenue \$ 0.)

Contracted Senior Services, IIIB, IIIC, VII, NSIP, State Funding Other Senior Services

**4d** Other program services (Describe in Schedule O )

(Expenses \$ 9,907 including grants of \$ 9,907 ) (Revenue \$ 0 )

**4e** Total program service expenses **8,481,879**

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	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		X
4 <b>Section 501(c)(3) organizations.</b> 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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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		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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	<input checked="" type="checkbox"/>	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		<input checked="" type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		<input checked="" type="checkbox"/>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		<input checked="" type="checkbox"/>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i>		<input checked="" type="checkbox"/>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i>		<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		<input checked="" type="checkbox"/>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		<input checked="" type="checkbox"/>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		<input checked="" type="checkbox"/>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		<input checked="" type="checkbox"/>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		<input checked="" type="checkbox"/>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<input checked="" type="checkbox"/>	

**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 66		
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 45		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . . 2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 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 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 5b		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . 6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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		
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		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . 7f		
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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		X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . 13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O. . . . .		
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		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . 14b		X

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 15	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 0	
<b>2</b> 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? . . . . .	<b>2</b>	X
<b>3</b> 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? . . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> The governing body? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> X	
<b>9</b> 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 . . . . .	<b>9</b>	X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</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? . . . . .	<b>10b</b> X	
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b> X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b> X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b> X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b> X	
<b>15</b> 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? . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ☒ MI

**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 ☒ Michelle Cronin (231) 947-8920  
PO Box 5946, Traverse City, MI 49696

**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. 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) Robert Schlueter Executive Director	40.	X			X	X		77,423	0	0
(2) Don Schuiteman President	2.			X				0	0	0
(3) Lester Barnes Treasurer	2.			X				0	0	0
(4) Victor Patrick Secretary	2.			X				0	0	0
(5) Lester Barnes Vice President	2			X				0	0	0
(6) Denise Plakmeyer Deputy Director	40.				X			69,635	0	0
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										



**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) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....								147,058	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0	0	0
<b>d Total (add lines 1b and 1c)</b> .....								147,058	0	0

**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**

- 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* . . . . .
- 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* . . . . .
- 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* . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
Northwest Community Acti	3963 Three Mile Rd, Traverse City, MI 49686 Nutrition Services	738,834
Comfort Keepers	801 S Garfield Ave, Suite D, Traverse City, MI Inhome Services	597,835
Monarch Home Health Sen	697 Hannah Ave, Suite D, Traverse City, MI Inhome Services	311,649
Compassionate Care Hom	PO Box 197, Sterling, MI 48659 Inhome Services	360,132
Harbor Care Associates	3101 Praise Street SW, Grandville, MI 49418 Inhome Services	757,089
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>5</b>		

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 0				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 8,729,814				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 128,232				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .	0				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .	▶	8,858,046			
<b>Program Service Revenue</b>	<b>2a</b> Program Income . . . . .		<b>Business Code</b> 621610	88,854		
	<b>b</b> . . . . .		0			
	<b>c</b> . . . . .		0			
	<b>d</b> . . . . .		0			
	<b>e</b> . . . . .		0			
	<b>f</b> All other program service revenue . . . . .		0			
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .	▶	88,854			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	▶	-5,604		
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		▶	0			
<b>5</b> Royalties . . . . .		▶	0			
<b>6a</b> Gross Rents . . . . .		(i) Real	(ii) Personal			
		13,213				
<b>b</b> Less: rental expenses . . . . .						
<b>c</b> Rental income or (loss) . . . . .		13,213	0			
<b>d</b> Net rental income or (loss) . . . . .		▶	13,213			
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		(i) Securities	(ii) Other			
		0	0			
<b>b</b> Less: cost or other basis and sales expenses . . . . .		0	0			
<b>c</b> Gain or (loss) . . . . .		0	0			
<b>d</b> Net gain or (loss) . . . . .		▶	0			
<b>8a</b> Gross income from fundraising events (not including \$ . . . . . 0 of contributions reported on line 1c) See Part IV, line 18 . . . . .		<b>a</b>	0			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	0		
		<b>c</b> Net income or (loss) from fundraising events . . . . .	▶	0		
<b>9a</b> Gross income from gaming activities See Part IV, line 19. . . . .		<b>a</b>	0			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	0		
	<b>c</b> Net income or (loss) from gaming activities . . . . .	▶	0			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	0				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	0			
	<b>c</b> Net income or (loss) from sales of inventory . . . . .	▶	0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> . . . . .		0				
<b>b</b> . . . . .		0				
<b>c</b> . . . . .		0				
<b>d</b> All other revenue . . . . .		0				
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .	▶	0				
<b>12</b> <b>Total revenue.</b> See instructions . . . . .	▶	8,954,509	0	0	0	

**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 . . . . .	1,342,456	1,342,456		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	5,119,222	5,119,222		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	77,422		77,422	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	1,177,575	1,090,799	86,776	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	104,757	91,621	13,136	
9	Other employee benefits . . . . .	351,470	304,420	47,050	
10	Payroll taxes . . . . .	97,774	85,566	12,208	
11	Fees for services (non-employees)				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	0			
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	56,742	52,379	4,363	
12	Advertising and promotion . . . . .	0			
13	Office expenses . . . . .	55,458	50,364	5,094	
14	Information technology . . . . .	0			
15	Royalties . . . . .	0			
16	Occupancy . . . . .	36,803	31,892	4,911	
17	Travel . . . . .	116,232	112,991	3,241	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	35,465	35,465	0	0
23	Insurance . . . . .	0			
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	-----				
b	-----	0			
c	misc -----	81,333	59,774	21,559	
d	Contributed Services -----	112,059	104,930	7,129	
e	-----	0			
f	All other expenses -----	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24f	8,764,768	8,481,879	282,889	0
26	<b>Joint costs.</b> Check here <input type="checkbox"/> 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
<b>Assets</b>	1 Cash—non-interest-bearing	796,930	1	1,357,901
	2 Savings and temporary cash investments	24,974	2	34,062
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	716,564	4	407,949
	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)		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	31,288	9	30,684
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 670,621		
	b Less: accumulated depreciation	10b 362,483	10c 306,115	308,138
	11 Investments—publicly traded securities	110,886	11	95,594
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,986,757	16	2,234,328	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	423,761	17	561,900
	18 Grants payable		18	
	19 Deferred revenue		19	
	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	69,620	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities. Complete Part X of Schedule D	118,228	25	107,539
	26 <b>Total liabilities.</b> Add lines 17 through 25	611,609	26	669,439
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,363,144	27	1,544,584
	28 Temporarily restricted net assets	12,004	28	20,305
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	1,375,148	33	1,564,889
	34 <b>Total liabilities and net assets/fund balances</b>	1,986,757	34	2,234,328

**Part XI Reconciliation 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	8,954,509
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	8,764,768
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	189,741
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	1,375,148
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	1,564,889

**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 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>Modified Accr</u> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	X	
b Were the organization's financial statements audited by an independent accountant? . . . . .	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	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 separate basis, consolidated basis, or both . . . . . <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

**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

**2010**

**Open to Public  
Inspection**

Name of the organization

Northwest Senior Resources Inc

Employer identification number

38-2056710

**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?
- (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? ☐
- (ii) A family member of a person described in (i) above? ☐
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
- 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

(HTA)

Schedule A (Form 990 or 990-EZ) 2010

**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").	5,727,679	6,046,754	6,334,265	7,983,300	8,858,046	34,950,044
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0
4 <b>Total.</b> Add lines 1 through 3.	5,727,679	6,046,754	6,334,265	7,983,300	8,858,046	34,950,044
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 <b>Public support.</b> Subtract line 5 from line 4.						34,950,044

**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.	5,727,679	6,046,754	6,334,265	7,983,300	8,858,046	34,950,044
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	237,948	147,390	155,401	114,409	96,463	751,611
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).						0
11 <b>Total support.</b> Add lines 7 through 10.						35,701,655
12 Gross receipts from related activities, etc. (see instructions).					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	97.89%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	97.34%
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support test—2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2010.</b> 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. ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2009.</b> 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. ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 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.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

**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	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
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 ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0 00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 00%

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 ▶ ☐



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

Northwest Senior Resources Inc

Employer identification number

38-2056710

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) 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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other .....

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	0
1d	
1e	
1f	0

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	135,860	109,492	91,823		
b Contributions					
c Net investment earnings, gains, and losses	-6,204	26,368	17,669		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	129,656	135,860	109,492		

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

a Board designated or quasi-endowment 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

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

**Part VI 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	0	0		0
b Buildings	0	553,632	271,675	281,957
c Leasehold improvements	0	0	0	0
d Equipment	0	93,197	67,016	26,181
e Other	0	23,792	23,792	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				308,138

**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	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other	0	
(A) . . . . .	0	
(B) . . . . .	0	
(C) . . . . .	0	
(D) . . . . .	0	
(E) . . . . .	0	
(F) . . . . .	0	
(G) . . . . .	0	
(H) . . . . .	0	
(I) . . . . .	0	
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

**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
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

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

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
(2) Accrued Payroll and Benefits	107,062
(3) Security Deposits	417
(4) Deferred Revenue	60
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
<b>Total</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	107,539

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 (ASC 740)

**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	8,954,509
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	8,764,768
3	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	3	189,741
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	189,741

**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	8,954,509
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	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	8,954,509
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	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	8,954,509

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

1	Total expenses and losses per audited financial statements . . . . .	1	8,764,768
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV.) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	8,764,768
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	8,764,768

**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 V Line 4 Copy of full Endowment Fund policy is attached

**Area Agency on Aging of Northwest Michigan  
Fiscal Management Policies and Procedures**

<b>Policy Name: ENDOWMENT FUND</b>		<b>Number: 50.</b>
<b>Effective Date: 5/07/2009</b>	<b>Last Reviewed: 4/05/2012</b>	<b>Last Revised: 6/03/2010</b>
<b>Signature of Approval</b>		
<b>Title of Signatory: Executive Director</b>		

**This Policy Supersedes All Others**

**POLICY**

The AAANM Board of Directors has established a fund termed the AAANM Endowment Fund. The fund will be managed and monitored by the Board of Directors. The Board's Finance Committee, the staff and an Investment Counselor will be other members of the team that advises and acts on the Board's behalf. This fund outlines the parameters under which the BOD and the other members of the team will operate.

**PURPOSE**

**Purpose of the Endowment Fund:** An Endowment Fund shall be established under the control of the Board of Directors of AAANM. The Endowment Fund shall be **an unrestricted Board designated** fund within AAANM's Accounting System. The fund will be included on AAANM's Balance Sheet as an asset. The monies in this fund shall be used under conditions and policies established by the BOD. The monies in this fund may be used for/to:

1. Program Development purposes where federal and state funds cannot be employed or their application would be inappropriate, i.e., diverted from vital services.
2. To support new unfunded initiatives.
3. Seed money for new services.
4. Match for grants and/or/contracts.
5. Infrastructure investment, including equipment and facilities.
6. Service delivery programs that are underfunded (may be a low priority).
7. Fund the initiatives of other organizations that exhibit a regional benefit.
8. Support AAANM operating expenses when necessary.
9. Direct client/customer support and augment the Emergency Fund utilization with BOD approval.

**SCOPE**

The AAANM Endowment Fund policy applies to the Board of Directors, Chairperson of the Finance Committee, Executive Director, Deputy Director, Finance Director and the Investment Counselor/s.

**PROCEDURE / APPLICATION**

1. **Role of the Board of Directors (BOD):** The BOD is the decision maker. It is within the realm of responsibility and authority of the BOD to create, amend, delete or otherwise change policies and procedures governing the operating details of and uses of the Endowment Fund. The BOD may also terminate the Endowment Fund.
2. **Role of the Finance Committee (BODFC):** The BODFC will work with the investment counselor and staff to research investments and monitor the status of the fund at least quarterly. This may occur through meetings, e-mails and mailings. The Chairperson of the BODFC and the Executive Director are given additional responsibilities under this policy. See #11.
3. **Role of the AAANM Staff:** The staff involved in this activity will be the Executive Director, the Deputy Director and the Finance Director. They will interact with the BOD and the BODFC to implement the decisions of the Board as directed. The Staff will be a research arm of the BOD and BODFC. The Staff may act as intermediary between the investment counselor and BOD and BODFC. It will be the Staff's responsibility to collect and aggregate information in order to keep the BOD adequately informed. The Chairperson of the BODFC and the Executive Director are given additional responsibilities under this policy. See #11.
4. **Role of the Investment Counselor/s:** This may be a firm or individual, selected by the BOD to act on behalf of AAANM in regard to the recommendation, selection, purchase, holding, etc., of specific investment vehicles and products to grow the Endowment Fund. In time the BOD may elect to have multiple investment counselors.

5. **Description of the Endowment Fund:** The Endowment Fund will be under the Control of the AAANM BOD. All the others involved, particularly the staff and investment counselor, will act under the direction and implement the actions of the BOD. The day to day management of the fund shall be the responsibility of the investment counselor. The Fund shall have a Cash Management Account as well as the various investment funds and accounts. No Federal or State funds will be placed in this Endowment Fund unless specifically allowed by the Federal or State Agency from which the funds originate.
6. **Investment Strategies and Objectives:** All investments have risks associated with them. The BOD has directed that investments shall not be made in anything but BB investments, and above the rating defined by a national investment rating company. Any investment or set of investments shall fulfill the following objectives:
1. Reasonable growth
  2. Protection of principle
  3. Income oriented investments, including Preferred Stock and short term, intermediate and strategic bonds.
  4. At any time there may be approximately 15% of the value of the Endowment in the Cash Management Account, the balance, or approximately 85%, shall be maintained in income oriented investments.
7. **Donations to AAANM and the Endowment Fund:** Any donation to AAANM, which is not **designated for a** specific purpose by the donor, shall be allocated, on a 50%-50% ratio, to the agency Emergency Fund and the Endowment Fund. Donors may specify the purpose of their donation.
8. **Economic Conditions for Use of the Endowment Fund:** The Endowment Fund shall be used under the following economic conditions.
1. No monies shall be used from the Endowment Fund until the fund reaches an aggregate value of \$100,000.
  2. The BOD will not allow the value of the fund to fall below \$100,000.
  3. The BOD may elect to change this policy at any time to meet and address circumstances that exist at some future point
9. **Dissolution of the Agency:** In the event that AAANM no longer exists, the Endowment Fund shall be considered an asset of the organization and disposed of in accordance with the By-laws of AAANM.
10. **Operation of the AAANM Endowment Program**  
The initial Investment Counselor will be Ameriprise and its agent William Kildee.
11. **Decisions on Investments:** The Board recognizes the volatility of markets and also recognizes the need to make timely decisions in order to optimize investment opportunities. Resultantly the BOD designates the Chairperson of the BODFC and the Executive Director to act on behalf of the BOD while maintaining the cash to investments ratio of approximately 15% to 85%. Essentially the Executive Director, in consultation with the Chairperson of the Finance Committee, may act to invest only earnings in purchasing additional revenue producing investments. Any and all purchases will be reported to the BOD at the Board meeting following a purchase.
12. The initial investment of the Endowment Fund shall be preferred stocks. Companies to be recommended by Ameriprise

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**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

Northwest Senior Resources Inc

Employer identification number

38-2056710

**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. ☐

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 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
(1) Antrim COA PO Box 614 Bellaire, MI 49615	38-6000098		83,044	0			Meals
(2) Benzie COA 10542 S Main St Honor, MI 49640	38-6004838		43,276	0			Meals
(3) Catholic Human Services 1832 A Oak Hollow Traverse City, MI 49781	38-3198322		9,000	0			kinship Care
(4) Charlevoix COA 218 W Garfield St Charlevoix, MI 49720	38-6004840		72,996	0			Adult Day Care/Meals
(5) Friendship Center of Emmet Co 1322 Anderson Petoskey, MI 49727	23-7000317		84,908	0			Meals
(6) GT Pavilions 1000 Pavilions Circle Traverse City, MI 49781	38-3359796		12,500	0			Adult Day Care
(7) Kalkaska COA PO Box 28 Kalkaska, MI 49646	38-6004861		97,000	0			Meals
(8) Kalkaska Memorial Hospital 419 S Coral St Kalkaska, MI 49641	38-6032904		3,333	0			Adult Day Care
(9) Legal Services of NM PO Box 710 Sault Ste Marie, MI 49783	38-1817336		24,961	0			Legal Services
(10) VitalCare 761 Lafayette Ave Cheboygan, MI 49621	38-2527255		18,000	0			Adult Day Care
(11) Northwest Michigan Community 3963 Three Mile Rd Traverse City, MI 49781	38-2027389		547,174	0			Meals
(12)			0	0			

- 2** Enter total number of section 501(c)(3) and government organizations. 11
- 3** Enter total number of other organizations. 11

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

(HTA)

Schedule I (Form 990) (2010)

<b>Part III</b>	<b>Grants and Other Assistance to Individuals in the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 22
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**Part III can be duplicated if additional space is needed**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
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Part I Line 2 Describe procedures for monitoring the use of grant funds. Policy attached.



**AREA AGENCY ON AGING OF NORTHWEST MICHIGAN  
CONTRACT MANAGEMENT POLICIES AND PROCEDURES**

<b>Policy Name:</b> <del>ASSESSMENT &amp; MONITORING OF CONTRACTORS</del>		<b>Number:</b> 20025
<b>Effective Date:</b> 9/06/2007	<b>Last Reviewed:</b> 9/06/2007	<b>Last Revised:</b> 8/14/2007
<b>Signature of Approval:</b>		
<b>Title of Signatory:</b> Executive Director		

**This Policy Supersedes All Others**

**POLICY**

AAANM will assess and monitor Contractors who receive State and Federal funds for the provision of services to older adults in Region 10.

**PURPOSE**

To insure that service programs for older persons are being operated in accordance with service contracts, in compliance with the Operating Standards for Service Programs established by Michigan Office of Services to the Aging (OSA), and that the intended benefits are being realized by older persons. Assessments also provide an opportunity for collaborative efforts to improve the quality and expand the capacity of service programs.

**AUTHORITY REFERENCE**

Michigan Office of Services to the Aging Operating Standards for Area Agencies on Aging, Standard C-5, Assessment of Contractors and all applicable rules, regulations and standards developed and promulgated by the U.S. Administration on Aging (AoA), OSA and/or AAANM.

**SCOPE**

All AAANM Contractors funded with State and Federal monies from OSA.

**DEFINITIONS**

**Assessment:** A formal process of AAANM interview and provider response employing an assessment tool/document that provides for a uniform process of review and comparison of providers to published and promulgated standards.

**Monitoring:** An informal process of review of reports and documents, submitted by providers of service, for timeliness, accuracy and comparison to performance goals

**At-risk Contractor:** A Contractor is determined to be "at-risk" should any of the following conditions exist:

1. Participant health, safety and/or welfare is/are compromised;
2. Recurrent (related to timeliness/accuracy/consistency of billing) or serious financial issues;
3. Issues of non-compliance with Federal, State and/or AAANM standards;
4. Failure to develop, implement and/or complete a satisfactory corrective plan of action to address areas of non-compliance.

**PROCEDURE / APPLICATION**

1. The AAANM Contracted Services Coordinator will develop an annual monitoring plan to conduct through the fiscal year, October 1 to September 30. This schedule will be submitted to OSA by **December 1** of that fiscal year.
2. AAANM will conduct annual fiscal and programmatic monitoring and assessments of all Contractors, including a formal on-site assessment **at least once** during the respective multi-year area plan cycle under which the Contractor is funded. A Contractor determined to be "at-risk" as defined above, will receive a formal on-site assessment **annually** until they have been determined not "at-risk" for **two (2) consecutive program years**. Contractors that are determined not "at-risk" for **two (2) consecutive program years** will receive an abbreviated assessment that may or may not be conducted on-site. Additional monitoring and assessments may also be scheduled at the request of the Contractor, or at the initiation of AAANM.

3. The AAANM Contractor assessment tools (See **Form 20.025.1 F**) will have been submitted to OSA for review prior to use or prior to implementing revisions, which will address at a minimum:
  - a. Compliance with contract specifications.
  - b. Compliance with approved service definitions.
  - c. Compliance with generally accepted accounting principles.
  - d. Compliance with pertinent OSA Operating Standards for Service Programs.
  - e. Compliance with applicable licensure requirements.
  - f. Compliance with pertinent Federal and State statutes.
  - g. Compliance with pertinent AAANM policies
  - h. Progress on resolving corrective actions required by prior assessments.
4. A written assessment of findings, areas of non-compliance including required corrective action, and general recommendations, with time frames for responding to each, will be left with the Contractor at the conclusion of the on-site assessment. The assessment summary will be filed in the Contractor agency record at AAANM.
5. Technical assistance will be suggested or provided, as appropriate.
6. Follow-up of corrective action will be conducted, as necessary.
7. A Contractor unable or unwilling to resolve corrective actions required by prior assessments may be subject to probation, suspension, or termination of contract (See AAANM **Contracting for Service Provision Policy Number 20.020**) The Contractor will receive written notification of this possibility, with final compliance deadlines noted.

**AREA AGENCY ON AGING OF NORTHWEST MICHIGAN  
PURCHASE OF SERVICE POLICIES AND PROCEDURES**

<b>Number: 40.070</b>	<b>Policy Name: <del>ASSESSMENT AND MONITORING OF PURCHASE OF SERVICE PROVIDER AGENCIES</del></b>	
<b>Effective Date: 8/07/2003</b>	<b>Last Reviewed: 6/28/04, 02/08/2008, 6/6/2010</b>	<b>Last Revised: 02/08/2008, 6/6/2010</b>
<b>Signature of Approval:</b>		
<b>Title of Signatory: Executive Director</b>		

**This Policy Supercedes All Others**

**POLICY**

AAANM will assess and monitor Purchase of Service (POS) Provider Agencies to ensure Provider compliance to minimum service standards and conditions of participation.

**PURPOSE**

To verify that the Provider Agency is providing services to Care Connections participants in accordance with protocols established by Michigan Department of Community Health (DCH) MI Choice Program, Center for Medicare/Medicaid Services (CMS), and Michigan Office of Services to the Aging (OSA) and/or AAAANM.

**AUTHORITY**

The Authority for this Policy originates with the contracts held by and between AAANM and Michigan Department of Community Health and Michigan Office of Services to the Aging.

**SCOPE**

All POS Provider Agencies.

**DEFINITIONS:**

**Assessment:** A formal process of AAANM interview and provider response employing an assessment tool/document that provides for a uniform process of review and comparison of providers to published and promulgated standards.

**Monitoring:** An informal process of review of reports and documents, submitted by providers of service, for timeliness, accuracy and comparison to performance goals.

**At-risk Provider Agency:** A POS Provider Agency is determined to be "at-risk" should any of the following conditions exist:

1. Participant health, safety and/or welfare is/are compromised;
2. Recurrent (related to timeliness/accuracy/consistency of billing) or serious financial issues,
3. Issues of non-compliance with Federal, State and/or AAANM standards;
4. Failure to develop, implement and/or complete a satisfactory corrective plan of action to address areas of non-compliance identified in the assessment

**PROCEDURE/APPLICATION**

1. The AAANM POS Coordinator, Care Connections Supervisors, and the MICIS Data Coordinator will develop an annual monitoring schedule of Provider Agencies to conduct through the fiscal year, October 1 thru September 30. For purposes of compliance with the DCH contract, a copy of this schedule will be submitted to DCH no later than December 1 each year.
2. A minimum of 10% of POS Provider Agencies will receive an on-site assessment for compliance with applicable standards. A POS Provider Agency determined to be "at-risk" as defined above, will receive a formal on-site assessment annually until they have been determined not "at-risk" for two (2) consecutive program years. After the formal schedule has been established, additional POS Provider Agencies may be assessed during the course of the year if they are identified as an at-risk provider agency or the provider

agency requests an assessment.

3. The POS Coordinator informs the selected POS Provider Agencies in writing (mail or electronically) of the annual POS Provider Agency assessment schedule as soon as it is established. The POS Provider Monitoring Tool will be attached to the schedule (# 40.070 1F). The Provider Agencies are contacted by telephone (or e-mail) at least two weeks in advance of the scheduled assessment date to confirm arrangements.
4. In preparation for the on-site Provider assessment, the AAANM assessor(s) will communicate with AAANM Care Managers to discuss their utilization of the provider and any documented problems/concerns encountered to determine if there are service delivery and/or communication issues that should be formally discussed at the on-site assessment.
5. Prior to the on-site assessment, WISP (Waiver Information Service Portal) reports such as provider variance, billing and no-show reports will be used to determine the frequency of "non-service" by the Provider as related to the Plan of Care and Service Authorization.
6. An on-site assessment will, at the minimum, include:
  - a. An evaluation of a sampling of program participant charts, using a standardized Provider Monitoring Tool.
    - (1) 10 MI Choice program participant charts or 10% of the Provider Agency MI Choice case records, whichever is greater;
    - (2) When applicable, 10 Care Management program participant charts, or 10% of the Provider Agency Care Management case records, whichever is greater.
  - b. A review of billings to payments.
    - (1) Minimum of three (3) months Provider Agency billings to payments for each MI Choice program participant record.
    - (2) Minimum of one (1) month Provider agency billings to payments for each Care Management program participant record.
    - (3) This billing review will include participant case record documentation, service claims and reimbursements. The records will be reviewed by comparing payment records to Service Authorizations and case record documentation. Provider Agency records will be evaluated for date of service, time of service delivery, and signature of the staff providing the service.
    - (4) When results of the initial case record/bill review indicate any irregularities, the assessor will schedule an immediate second "billings to payments" review to be conducted by the assessor and AAANM financial staff to further review provider agency case records, up to and including all case records, covering a specified time period.
  - c. Verification of hiring and supervision practices:  
Verification by the Provider Agency of documentation in a designated number (percent) of employee records of reference and criminal background checks prior to providing participant service, in-person (home) supervision visits and required (annual) training/certification.
  - d. In-Home Visits with a minimum of 2 MI Choice Waiver Participants:  
The in-home visit may correspond to a time when the provider's direct care staff is working in the participant's home. The purpose will be to determine satisfaction with services and verify that tasks are being performed as ordered in the Plan of Care.
  - e. Summarization of findings  
An exit conference with the Provider Agency will be held at the conclusion of the on-site assessment that summarizes all findings including a written summary of findings and areas of non-compliance. A copy of this review summary will be filed in the MI Choice provider agency record at AAANM and will be incorporated into the Agency's final report.
7. A written report will be completed and sent to the provider within 30 days following the on-site assessment. This report will include a copy of the completed monitoring tool and will include a list of all areas of non-compliance related to both the on-site assessment and the in-home participant interviews. If the report requires corrective action from the Agency, it will include time frames for a written corrective plan to be sent to AAANM. A copy of the MI Choice Waiver Report will be forwarded to DCH within 30 days of completion of the assessment process. The AAANM POS Contractor Manager will be responsible for monitoring the

- corrective action plans. All corrective action plans will be submitted to the Care Connections Director for review and additional monitoring.
- 8. In the event of a second "billings to payments" review, a written report of the findings will be prepared identifying the findings, any required action on the part of the Provider and listing actions AAANM will take (see #11). This report will be sent to the Provider. For any MI Choice Waiver billing issues, DCH will receive a copy of the report within 30 working days following completion of the review. . This report will also be shared with the AAANM Executive Director who will be kept apprised of any further communication as well as the Provider resolution of the issue.
- 9. Technical assistance will be suggested or provided, as appropriate.
- 10. A follow-up monitoring will be completed within 3 to 6 months of the receipt of the written corrective plan for providers non-compliant in any part of the assessment to assure that the provider has initiated corrective action.
- 11. POS Provider Agencies unable or unwilling to comply with standards will
  - a Be subject to suspension of new referrals and/or the transfer of participants to another provider when findings warrant immediate action to protect the participant's health or safety
  - b Have billing adjustments made on MICIS and on the Medicaid Management Information System using individual claim adjustments to date of service or gross adjustment Deduct overpayments made to a provider from the next payment issued due the provider. AAANM will report gross adjustments made on the next MDCH monthly expenditure report.
  - c. Be suspended or terminated for failure to correct deficiencies following a second review. AAANM may reinstate providers after verifying the provider has corrected deficiencies and/or changed procedural practices as required.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Northwest Senior Resources Inc

Employer identification number

38-2056710

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Noncash Contributions**

► Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

**2010**

**Open To Public  
Inspection**

Northwest Senior Resources Inc

Employer identification number

38-2056710

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( . . . . . )		0	0	
26 Other ► ( . . . . . )		0	0	
27 Other ► ( . . . . . )		0	0	
28 Other ► ( . . . . . )		0	0	

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a		
31		X
32a		X

**Part VII, Section B, Line 1 (990) - Highest Compensated Independent Contractors**

Name and address of each independent contractor paid more than \$100,000		Description of Services	Compensation
1.	Name <u>Northwest Community Action Agency</u>	Nutrition Services	738,834
	Street <u>3963 Three Mile Rd</u>	Explanation	
	City <u>Traverse City</u> ST <u>MI</u> ZIP <u>49686</u>		
	Check if Business <input checked="" type="checkbox"/> Foreign Country <input type="checkbox"/>		
2.	Name <u>Comfort Keepers</u>	Inhome Services	597,835
	Street <u>801 S Garfield Ave, Suite D</u>	Explanation	
	City <u>Traverse City</u> ST <u>MI</u> ZIP <u>49686</u>		
	Check if Business <input checked="" type="checkbox"/> Foreign Country <input type="checkbox"/>		
3.	Name <u>Monarch Home Health Services LLC</u>	Inhome Services	311,649
	Street <u>697 Hannah Ave, Suite D</u>	Explanation	
	City <u>Traverse City</u> ST <u>MI</u> ZIP <u>49686</u>		
	Check if Business <input checked="" type="checkbox"/> Foreign Country <input type="checkbox"/>		
4.	Name <u>Compassionate Care Home Health Care Services</u>	Inhome Services	360,132
	Street <u>PO Box 197</u>	Explanation	
	City <u>Sterling</u> ST <u>MI</u> ZIP <u>48659</u>		
	Check if Business <input checked="" type="checkbox"/> Foreign Country <input type="checkbox"/>		
5.	Name <u>Harbor Care Associates</u>	Inhome Services	757,089
	Street <u>3101 Praire Street SW</u>	Explanation	
	City <u>Grandville</u> ST <u>MI</u> ZIP <u>49418</u>		
	Check if Business <input checked="" type="checkbox"/> Foreign Country <input type="checkbox"/>		



**Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts**

			Cash	Noncash
1 Federated Campaigns . . . . .	1			
2 Membership dues . . . . .	2			
3 Fundraising events . . . . .	3			
4 Related organizations . . . . .	4			
5 Government grants (contributions) . . . . .	5		8,729,814	
6 All other contributions, gifts, grants, and similar amounts not included above:				
In-kind contributions . . . . .			112,059	
Cash contributions . . . . .			16,173	
. . . . .				
. . . . .				
Other contributions total . . . . .	6		128,232	0
7 Total . . . . .	7		8,858,046	0

**Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization**

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation . . . . .	1	35,465	35,465		
2 Depletion . . . . .	2	0			
3 Amortization . . . . .	3	0			
4 Total . . . . .	4	35,465	35,465	0	0

**Part X, Line 4 (990) - Accounts Receivable**

		Accounts receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1 . . . . .	1	716,564		407,949			
2 . . . . .	2						
3 . . . . .	3						
4 . . . . .	4						
5 . . . . .	5						
6 . . . . .	6						
7 . . . . .	7						
8 . . . . .	8						
9 . . . . .	9						
10 . . . . .	10						
11 Total accounts receivable . . . . .	11	716,564		407,949	0		0

**Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment**

670,621														328,866	362,483	0	306,115	308,138
Category or Item		Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance				
1	Shared Housing and Improvements		X						131,282	64,744	68,345		66,538	62,937				
2	Office Building and Improvements		X						422,350	185,897	203,330		236,453	219,020				
3	Vehicles					X			23,792	23,792	23,792		0	0				
4	Computers				X				51,641	20,050	35,362		0	16,279				
5	office Equipment				X				41,556	34,383	31,654		3,124	9,902				
6									0	0	0		0	0				
7									0	0			0	0				
8									0	0			0	0				
9									0	0			0	0				
10									0	0			0	0				
11									0	0			0	0				
12									0	0			0	0				
13									0	0			0	0				
14									0	0			0	0				
15									0	0			0	0				
16									0	0			0	0				
17									0	0			0	0				
18									0	0			0	0				
19									0	0			0	0				
20									0	0			0	0				

**Part X, Lines 11 and 12 (990) - Investments - Securities**

Check one box below to indicate how securities are reported

☐ Cost☒ End of year market value (FMV)

	Description	Check if Publicly Traded Securities?	Check if Financial Derivatives	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	Corporate Stock	X					110,886	95,594
2							0	0
3							0	0
4							0	0
5							0	0
6							0	0
7							0	0
8							0	0
9							0	0
10							0	0
11							0	0
12							0	0
13							0	0
14							0	0
15							0	0
16							0	0
17							0	0
18							0	0
19							0	0
20							0	0

**Part X, Lines 23 and 24 (990) - Secured and Unsecured Notes Payable**

		69,620		0
	Lender's name	Check if Unsecured	Balance due beginning of year	Balance due end of year
1	Fifth Third Bank		69,620	0
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
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**Part X, Line 25 (990) - Other Liabilities**

		Description	Beginning	End
1		Federal income taxes		
2		Accrued Payroll and Benefits	117,456	107,062
2		Security Deposits	772	417
3		Deferred Revenue	0	60
4				
5				
6				
7				
8				
9				
10				
11				
12				
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18				
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118,228

107,539

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

Northwest Senior Resources Inc PART III line 4d

Other Program Services includes \$9,907 for Rental revenue from Senior Shared Housing Residents.

**Part VI Section B Line 11a**

Completed 990 return is provided to the governing body electronically with a request for questions and comments

**Part VI Section C Lines 8a and 8b**

Board of Director and Board of Advisor meetings : By consent resolution, the board approves a recording secretary to prepare minutes/tape record each meeting. The recording secretary is a non-voting member of the agency staff. Meeting minutes are approved at the following meeting. Originals are kept in binders, sorted by year, in the agency conference room library.

**Part VI Section B Line 12a**

The written conflict of interest policy is attached

**Part VI Section B Line 15a**

In the by-laws, Article II, section 5 (attached): Staffing, it states that the BOD contracts with the Executive Director. The Executive Director is reviewed annually by the Board of Directors. The board approves a contract of terms and compensation which is kept on file in Executive Directors personnel file Staff are also asked to give input to the performance of the Director.

## CONFLICT OF INTEREST

In accordance with Public Act 180 of the Older Michiganians Act, persons involved with the aging network shall not have a direct or indirect financial interest that conflicts with her/his official duties and responsibilities.

Persons who wish to serve on the AAANM Board of Directors or Board of Advisors will not be disqualified because of a known Conflict of Interest. However, a new member of the Board shall disclose, at the time of her/his initial orientation, any conflict of interest. The signed disclosure will be kept on file by agency staff. Board member signature indicates that each Board member has reviewed, understands and agrees with the AAANM Conflict of Interest Policy. The signed document will be copied to the Board member.

1. Conflict of Interest exists when a Board member or a member of her/his immediate family serves on the Board, or staff of an agency providing or proposing to provide services through the funding agency, or has any arrangement concerning prospective employment.
  - a. Employees, officers or agents of a service provider shall neither solicit nor accept gratuities, favors or anything of monetary value from contractors or potential contractors.
  - b. No employee, officer or agent of an aging network organization shall participate in the selection, award or administration of a contract where, to her or his knowledge, any of the following has a financial interest in that concern:
    - (1) the employee, officer or agent;
    - (2) any member of her or his immediate family;
    - (3) her or his partner;
    - (4) an organization in which any of the above is an officer, director or employee;
    - (5) a person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment.
2. During business proceedings of the Board, a member shall make known a potential conflict of interest, shall abstain from discussing a relevant motion and/or making a recommendation, shall not use her/his personal influence on the matter before the Board and shall not have a vote.
3. And in accordance with Personnel Policy #10.065 CONFLICT OF INTEREST, "Employees of the Agency will not distribute nor cause to be distributed, any advertisement, materials or samples from vendors, aimed at soliciting money or political support from older persons, unless materials or information provide a recognized accepted service and is presented in a tasteful and non-threatening manner and is approved by the Executive Director."

I hereby acknowledge that I have received and reviewed the **AAANM Code of Ethics**, the **Code of Conduct**, the **Confidentiality** statement and the **Conflict of Interest** statement. I understand the precepts set forth in these documents, the declared expectations and my responsibility to comply.

In accordance with the Conflict of Interest statement, I also declare, as of the date indicated below, that:

\_\_\_\_\_ **I do** have a conflict of interest and agree to abide by the above stated policy.

Nature of the conflict:

\_\_\_\_\_ **I do not** have a conflict of interest and agree to abide by the above stated policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Article II, Section 5: STAFFING**

The Board of Directors shall employ an Executive Director as a Term Contract position. The Executive Director shall hire other personnel to properly carry out the purpose of the Corporation, as described in Article I, Section 2, and that are presented in the annual budget and staffing plan approved by the BoD. No member of the Board of Directors shall be an employee of the Corporation nor receive any reimbursement except by way of the reimbursement of actual and reasonable expenses incurred in the course of service as a member of the Board of Directors.

**ARTICLE III**  
**OFFICERS**

**Article III, Section 1: DUTIES**

The Board of Directors and officers of the Corporation shall perform their respective duties prescribed by these By-Laws and by the parliamentary authority adopted by the Corporation. Each member of the Corporation shall be provided a job description.

**Article III, Section 2: PRESIDENT'S DUTIES**

The President shall preside over the meetings of the Board of Directors and, with approval of the Board of Directors, appoint all Standing, Ad Hoc or temporary committees and serve as Chairperson of the Executive Committee. The President is also authorized to sign contracts and other official documents on behalf of the Corporation and assumes overall responsibility for Corporation activities. The President shall serve as ex-officio member of all committees.

**Article III, Section 3: VICE-PRESIDENT'S DUTIES**

The Vice-President shall preside in the absence of the President and shall serve as a member of the Executive Committee and perform other duties as may be prescribed by the Board of Directors.

**Article III, Section 4: SECRETARY'S DUTIES**

The Secretary shall be responsible for assuring a complete and accurate record of minutes for all meetings of the Corporations, and perform other such duties as may be prescribed by the Board of Directors. The Secretary shall preside in the absence of the President and Vice-President and shall serve as a member of the Executive Committee.

**Article III, Section 5: TREASURER'S DUTIES**

The Treasurer shall be the legal custodian of all funds on behalf of the Corporation and shall cause all funds to be properly accounted for in an accepted accounting system. The Treasurer shall be authorized to sign appropriate fiscal documents related to the Corporation's activities. The Treasurer shall preside in the absence of the President, Vice-President and Secretary and shall serve as a member of the Executive Committee and Chairman of the Finance Committee.

**Article III, Section 6: TRUSTEES' DUTIES**

The Trustees shall serve as members of the Executive Committee.