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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)	OMB No 1545-0047 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 41-1774247	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending		E Telephone number (651) 641-8612	
C Name of organization METROPOLITAN AREA AGENCY ON AGING Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 2365 N MCKNIGHT ROAD NO 3 City or town, state or country, and ZIP + 4 NORTH SAINT PAUL, MN 55109		G Gross receipts \$ 10,434,366	
F Name and address of principal officer DAWN SIMONSON 2365 N MCKNIGHT ROAD NO 3 NORTH SAINT PAUL, MN 55109		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (Insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ WWW.TCAGING.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1994	M State of legal domicile MN

Part I		Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities ASSIST OLDER ADULTS TO AGE IN THE COMMUNITY WITH DIGNITY AND INDEPENDENCE _____ _____ _____			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)		3 18	
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4 18	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5 56	
	6 Total number of volunteers (estimate if necessary)		6 86	
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a 0	
	b Net unrelated business taxable income from Form 990-T, line 34		7b 0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	9,895,193	10,372,709
	9	Program service revenue (Part VIII, line 2g)	35,785	9,544
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,049	2,679
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,825	-5,912
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,960,852	10,379,020
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,995,610	6,212,669
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,892,871	2,623,522
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☒ 3,974		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,409,546	1,412,290
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,298,027	10,248,481
	19	Revenue less expenses Subtract line 18 from line 12	-337,175	130,539
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,657,153	3,391,694
	21	Total liabilities (Part X, line 26)	3,323,768	2,927,770
	22	Net assets or fund balances Subtract line 21 from line 20	333,385	463,924

Part II	Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		

Sign Here	***** Signature of officer			2012-08-03 Date	
	JAMIE M WARND AHL TREASURER Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	XIAOYAN LUO	Date	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P01305207
	Firm's name (or yours if self-employed), address, and ZIP + 4	CLIFTONLARSONALLEN LLP 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402			EIN 41-0746749
					Phone no (612) 376-4500

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

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

METROPOLITAN AREA AGENCY ON AGING (MAAA) ASSISTS INDIVIDUALS TO AGE SUCCESSFULLY AND DEVELOPS THE CAPACITY OF COMMUNITIES TO CARE FOR AN AGING POPULATION

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

4a

(Code) (Expenses \$ 3,914,933 including grants of \$ 3,914,933) (Revenue \$ 0)

SENIOR NUTRITION INCLUDING TITLE III-C MAAA FUNDS THREE NUTRITION CONTRACTORS, ONE OF WHOM HAS SUBCONTRACTORS, TO PROVIDE A COMBINATION OF CONGREGATE (DINING IN A COMMUNITY/SENIOR CENTER, OR IN HOUSING WHERE THE MAJORITY OF RESIDENTS ARE 60+) AND OR HOME DELIVERED MEALS THE MEALS ARE TARGETED TO LOW-INCOME, SOCIALLY ISOLATED INDIVIDUALS, WITH PARTICULAR ATTENTION TO LOW-INCOME MINORITIES AND THOSE WITH LIMITED ENGLISH PROFICIENCY - ALL OF WHOM ARE AT HIGH-NUTRITIONAL RISK, AND HAVE HIGH LEVELS OF FOOD INSECURITIES IN 2011, THESE PROGRAMS SERVED 440,256 CONGREGATE MEALS TO 8,055 PERSONS, 167,363 HOME DELIVERED MEALS TO 1,472 PERSONS, AND 18,896 GROCERY SHOPPING DELIVERIES TO 976 PERSONS

4b

(Code) (Expenses \$ 2,016,035 including grants of \$ 1,557,636) (Revenue \$ 0)

SUPPORTIVE SERVICES TITLE III-B THE MAAA FUNDS SIX SUPPORTIVE SERVICES AREAS THAT CONSIST OF CHORE, INFORMATION AND ASSISTANCE, LEGAL, RESPITE, SPECIAL ACCESS SERVICES FOR MINORITY ELDERS, AND TRANSPORTATION EACH ORGANIZATION THAT IS A RECIPIENT OF TITLE III-B FUNDS PROVIDES SUPPORT SERVICES THAT ENABLE PERSONS, FOCUSING ON INDIVIDUALS WHO ARE LOW-INCOME, SOCIALLY ISOLATED, WITH PARTICULAR ATTENTION TO LOW-INCOME MINORITIES AND THOSE WITH LIMITED ENGLISH PROFICIENCY TO REMAIN IN THEIR COMMUNITIES IN 2011, THE MAAA, THROUGH THESE SUPPORTIVE SERVICE AREAS, SERVED 7,862 PERSONS WITH 88,743 HOURS OF CHORE SERVICES, HANDLED 49,167 CALLS AND SERVED 33,825 SENIORS AND PERSONS WITH DISABILITIES THROUGH INFORMATION AND ASSISTANCE SERVICES, 9,413 HOURS OF LEGAL SERVICES AND EDUCATION TO 2,955 PERSONS, 24,878 CONTACTS WITH 1,888 PERSONS THROUGH SPECIAL ACCESS, AND 70,237 RIDES TO 1,571 PERSONS

4c

(Code) (Expenses \$ 1,131,974 including grants of \$ 0) (Revenue \$ 0)

INFORMATION AND ASSISTANCE (LONG-TERM CARE CONSULTATION, HOUSING WITH SERVICES CONSULTATION, PRESCRIPTION DRUG ASSISTANCE, RETURN TO COMMUNITY AND HEALTH INSURANCE COUNSELING) IN 2011, MAAA ASSISTED 32,530 OLDER ADULTS, FAMILY CAREGIVERS AND SERVICE PROFESSIONALS VIA OUR SENIOR LINKAGE LINE TO EVALUATE NEEDS, CONNECT TO SERVICES, LEARN ABOUT HOUSING OPTIONS AND GET ANSWERS TO MEDICARE, INSURANCE AND PRESCRIPTION DRUG PAYMENT QUESTIONS THE AGENCY'S COMMUNITY LIVING SPECIALISTS ASSISTED NURSING HOME RESIDENTS TO TRANSITION TO THE COMMUNITY VOLUNTEERS PROVIDED 7,616 SERVICE HOURS TO PROGRAM ACTIVITIES INCLUDING HEALTH INSURANCE COUNSELING, SENIOR SURF DAYS AND OUTREACH AND EDUCATION

(Code) (Expenses \$ 627,335 including grants of \$ 572,335) (Revenue \$ 0)

CAREGIVER SUPPORT SERVICES TITLE III-E THE MAAA FUNDS NINE ORGANIZATIONS TO PROVIDE SERVICES UNDER THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP) SERVICES ARE TARGETED TO CAREGIVERS WHO ARE ANY ADULT FAMILY MEMBER, OR OTHER INDIVIDUAL, WHO IS AN INFORMATIONAL PROVIDER OF IN-HOME AND COMMUNITY CARE TO 1) AN OLDER INDIVIDUAL (60+) OR 2) AN INDIVIDUAL (REGARDLESS OF AGE) WITH ALZHEIMER'S DISEASE OR A RELATED DISORDER PROVIDERS GIVE PRIORITY TO CAREGIVERS WHO ARE OLDER INDIVIDUALS (60+) WITH THE GREATEST SOCIAL AND ECONOMIC NEEDS WITH PARTICULAR ATTENTION TO LOW-INCOME MINORITIES AND THOSE WITH LIMITED ENGLISH PROFICIENCY IN 2011, THESE PROGRAMS SERVED 668 CAREGIVERS WITH 5,666 COACHING/CONSULTATION SESSIONS, 285 CAREGIVERS WITH 15,004 HOURS OF RESPITE CARE SERVICES, 162 CAREGIVERS WITH 2,996 UNITS (DETERMINED BY SERVICE) OF SUPPLEMENTAL SERVICES, 654 CAREGIVERS WITH 6,728 ACCESS ASSISTANCE CONTACTS AND 1,676 PERSONS WITH 134 GROUP EDUCATION SESSIONS

(Code) (Expenses \$ 535,032 including grants of \$ 0) (Revenue \$ 0)

DATA MANAGEMENT PROGRAM UNDER CONTRACT WITH THE MINNESOTA DEPTARTMENT OF HUMAN SERVICES, MAAA PROVIDED ONGOING MANAGEMENT OF THE STATE'S LONG-TERM CARE DATABASE TO MAINTAIN ACCURACY AND CURRENCY AND TO CONDUCT A CONTINUOUS QUALITY IMPROVEMENT PROCESS NEW SERVICE CATEGORIES ADDED TO THE DATABASE IN 2011 INCLUDED RESOURCES ABOUT VOLUNTEERISM

(Code) (Expenses \$ 269,700 including grants of \$ 0) (Revenue \$ 0)

UPPER MIDWEST PENSION RIGHTS PROJECT MAAA'S STAFF ATTORNEYS AND LAW STUDENT INTERNS PROVIDED COMPREHENSIVE PENSION COUNSELING, INFORMATION AND REFERRAL SERVICES IN A FIVE-STATE SERVICE AREA WITH LOCAL PARTNERS IN MINNESOTA, WISCONSIN, IOWA, AND NORTH AND SOUTH DAKOTA WITH 312 INDIVIDUALS SERVED, \$623,167 SECURED FOR CLIENTS IN RECOVERY OF THEIR PENSION BENEFITS, AND 24 OUTREACH EVENTS HELD

(Code) (Expenses \$ 108,177 including grants of \$ 108,177) (Revenue \$ 0)

HEALTH PROMOTION TITLE III-D MAAA FUNDED TWO ORGANIZATIONS IN 2011 ONE TO PROVIDE EVIDENCE-BASED HEALTH PROMOTION ACTIVITIES (233 PERSONS PROVIDED WITH 1,596 UNITS), AND ONE TO PROVIDE MEDICATION THERAPY MANAGEMENT (69 PERSONS PROVIDED WITH 1 1 ASSISTANCE, AND ANOTHER 113 ATTENDED EDUCATIONAL WORKSHOPS)

(Code) (Expenses \$ 64,507 including grants of \$ 0) (Revenue \$ 0)

PROGRAM DEVELOPMENT & COORDINATION MAAA WORKED WITH CURRENT AND NEW PARTNERS IN 2011 TO EXPAND EVIDENCE-BASED HEALTH PROMOTION AND CHRONIC DISEASE MANAGEMENT SERVICES A TOTAL OF 338 PARTICIPANTS COMPLETED MATTER OF BALANCE CLASS SESSIONS OFFERED BY 13 IMPLEMENTING PARTNERS WHERE 30 NEW COACHES WERE TRAINED MAAA TRANSLATED THE MATTER OF BALANCE CURRICULUM AND SPONSORED TRAINING FOR DEAF COMMUNITY HEALTH WORKERS CLASS OFFERINGS FOR LIVING WELL WITH CHRONIC CONDITIONS TOTALED 22 IN 10 METRO COMMUNITIES MAAA BECAME THE SPONSOR OF THE STATEWIDE MINNESOTA FALLS PREVENTION LIST SERVE, PROVIDING PRACTICAL RESOURCE INFORMATION ON FALLS PREVENTION RESERACH, INTERVENTIONS, FUNDING OPPORTUNITIES, AND COMMUNITY AWARENESS STRATEGIES TO OVER 400 MEMBERS ON A MONTHLY BASIS MAAA SERVED 100 SUBSCRIBERS TO THE AGENCY'S WORKING CAREGIVER E-NEWS, PUBLISHED BI-MONTHLY AS A RESOURCE FOR EMPLOYERS SEEKING TO UNDERSTAND AND SUPPORT WORKING CAREGIVERS PARTNERSHIPS FORMED WITH COMMONBOND COMMUNITIES, JEWISH FAMILY AND CHILDREN'S SERVICES, AND LITTLE BROTHERS/FRIENDS OF THE ELDERLY TO IMPLEMENT CONSUMER-DIRECTED NURSING HOME DIVERSION STRATEGIES KNOWN AS LIVE WELL AT HOME

(Code) (Expenses \$ 551,683 including grants of \$ 59,588) (Revenue \$ 9,544)

OTHER PROGRAMS AMERICORPS PLANNING PROJECT TO CREATE LIFETIME COMMUNITIES, ALZHEIMER'S DEMONSTRATION TO IMPROVE EARLY IDENTIFICATION AND SUPPORT LATINO ELDERS, ALZHEIMER'S NYU CAREGIVER INTERVENTION TO SUPPORT SPOUSAL CAREGIVERS OF AFRICAN AMERICAN PERSONS WITH DEMENTIA IN PARTNERSHIP WITH VOLUNTEERS OF AMERICA/MN, RISK REDUCTION TO REFER MEDICARE BENEFICIARIES TO HEALTH PROMOTION AND DISEASE PREVENTION SERVICES, CONSORTIUM PROJECT TECHNICAL ASSISTANCE

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,156,434 including grants of \$ 740,100) (Revenue \$ 9,544)

4e

Total program service expenses

\$ 9,219,376

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
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.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V							
					Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.			1a	27		
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			
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	56		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a			No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b			
7 Organizations that may receive deductible contributions under section 170(c).							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.			7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				8			
9 Sponsoring organizations maintaining donor advised funds.							
a	Did the organization make any taxable distributions under section 4966?			9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b			
10 Section 501(c)(7) organizations. Enter							
a	Initiation fees and capital contributions included on Part VIII, line 12.			10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b			
11 Section 501(c)(12) organizations. Enter							
a	Gross income from members or shareholders.			11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.			13a			
b	Enter the aggregate 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 aggregate amount of reserves on hand.			13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?				14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b			

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ☒ MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ☒ TERRY NIELSEN 2365 N MCKNIGHT ROAD SUITE 3 NORTH ST PAUL, MN 55109 (651) 641-8612

Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHLEEN GAYLORD BOARD CHAIR	2 00	X		X				0	0	0
(2) BOB ROEPKE BOARD VICE-CHAIR	1 50	X		X				0	0	0
(3) JESS LUCE BOARD SECRETARY	1 50	X		X				0	0	0
(4) JAMIE M WARND AHL BOARD TREASURER	1 50	X		X				0	0	0
(5) GAYLE DEGLER MEMBER	1 50	X						0	0	0
(6) GAIL DORFMAN MEMBER	1 50	X						0	0	0
(7) DAN ERHART MEMBER	1 50	X						0	0	0
(8) VIRGINIA LANEGRAN MEMBER	1 50	X						0	0	0
(9) AUTUMN LEHRKE MEMBER	1 50	X						0	0	0
(10) JAN MCCULLOCH MEMBER	1 50	X						0	0	0
(11) DAVE MENDEN MEMBER	1 50	X						0	0	0
(12) ALLEN MILLER MEMBER	1 50	X						0	0	0
(13) JAN OLSON MEMBER	1 50	X						0	0	0
(14) LUIS ORTEGA MEMBER	1 50	X						0	0	0
(15) JAN PARKER MEMBER	1 50	X						0	0	0
(16) BILL PULKRABEK MEMBER	1 50	X						0	0	0
(17) BOB ROEPKE MEMBER	1 50	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK SKEIE MEMBER	1 50	X						0	0	0
(19) SALLY STAGGERT MEMBER	1 50	X						0	0	0
(20) LAURA WATERMAN WITTSTOCK MEMBER	1 50	X						0	0	0
(21) DAWN SIMONSON EXECUTIVE DIRECTOR	40 00			X				87,426	0	11,933
(22) TERRY NIELSEN FINANCE DIRECTOR	40 00			X				72,410	0	22,843
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								159,836	0	34,776

2

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

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

2

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	10,237,265			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	135,444			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		10,372,709			
Program Service Revenue	2a	REGISTRATION INCOME	Business Code 900099	9,544	9,544		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		9,544			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		2,679		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real 39,800	(ii) Personal			
b		Less rental expenses	55,346				
c		Rental income or (loss)	-15,546				
d		Net rental income or (loss)			-15,546		-15,546
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . .					
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE	900099	9,634			9,634	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		9,634				
12	Total revenue. See Instructions		10,379,020	9,544	0	-3,233	

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)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,212,669	6,212,669		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	194,612	70,340	120,298	3,974
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,805,925	1,330,557	475,368	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	63,851	45,733	18,118	
9	Other employee benefits	388,186	310,011	78,175	
10	Payroll taxes	170,948	122,440	48,508	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	14,765		14,765	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	718,241	623,226	95,015	
12	Advertising and promotion	21,755	20,251	1,504	
13	Office expenses	98,794	78,184	20,610	
14	Information technology	116,459	103,756	12,703	
15	Royalties				
16	Occupancy	32,322	32,322		
17	Travel	65,552	47,571	17,981	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	38,198	28,555	9,643	
20	Interest	19,929	17,755	2,174	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	163,297	86,690	76,607	
23	Insurance	10,446	5,545	4,901	
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	REPAIRS AND MAINTENANCE	97,104	72,215	24,889	
b	ORGANIZATION DUES	12,971	11,556	1,415	
c	MISCELLANEOUS EXPENSES	2,457		2,457	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,248,481	9,219,376	1,025,131	3,974
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				200	1	200
	2	Savings and temporary cash investments				600,864	2	494,378
	3	Pledges and grants receivable, net				1,606,190	3	1,453,171
	4	Accounts receivable, net				7,696	4	4,997
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				68,727	9	41,537
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,054,556				
	b	Less accumulated depreciation	10b	657,145		1,373,476	10c	1,397,411
	11	Investments—publicly traded securities					11	
	12	Investments—other securities See Part IV, line 11					12	
	13	Investments—program-related See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)				3,657,153	16	3,391,694
Liabilities	17	Accounts payable and accrued expenses				771,340	17	412,755
	18	Grants payable				1,119,139	18	911,749
	19	Deferred revenue				334,692	19	495,672
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties				1,098,597	23	1,080,785
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D				0	25	26,809
	26	Total liabilities. Add lines 17 through 25				3,323,768	26	2,927,770
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				333,385	27	438,924
	28	Temporarily restricted net assets					28	25,000
	29	Permanently restricted net assets					29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				333,385	33	463,924
	34	Total liabilities and net assets/fund balances				3,657,153	34	3,391,694

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	10,379,020
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,248,481
3	Revenue less expenses Subtract line 2 from line 1	3	130,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	333,385
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	463,924

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I Reason for Public Charity Status

(All organizations must complete this part.) See instructions

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

- 1

☐

A church, convention of churches, or association of churches **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 Se**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 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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,517,290	8,514,288	9,965,061	9,895,193	10,372,709	47,264,541
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,517,290	8,514,288	9,965,061	9,895,193	10,372,709	47,264,541
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						47,264,541

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,517,290	8,514,288	9,965,061	9,895,193	10,372,709	47,264,541
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92,456	102,570	47,475	60,122	42,479	345,102
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	37,750	22,306	4,507	26,249	9,634	100,446
11 Total support (Add lines 7 through 10)						47,710,089

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

1277,009

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99 070 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	99 540 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 627,335 including grants of \$ 572,335) (Revenue \$ 0) CAREGIVER SUPPORT SERVICES TITLE III-E THE MAAA FUNDS NINE ORGANIZATIONS TO PROVIDE SERVICES UNDER THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM (NFCSP) SERVICES ARE TARGETED TO CAREGIVERS WHO ARE ANY ADULT FAMILY MEMBER, OR OTHER INDIVIDUAL, WHO IS AN INFORMATIONAL PROVIDER OF IN-HOME AND COMMUNITY CARE TO 1) AN OLDER INDIVIDUAL (60+) OR 2) AN INDIVIDUAL (REGARDLESS OF AGE) WITH ALZHEIMER'S DISEASE OR A RELATED DISORDER PROVIDERS GIVE PRIORITY TO CAREGIVERS WHO ARE OLDER INDIVIDUALS (60+) WITH THE GREATEST SOCIAL AND ECONOMIC NEEDS WITH PARTICULAR ATTENTION TO LOW-INCOME MINORITIES AND THOSE WITH LIMITED ENGLISH PROFICIENCY IN 2011, THESE PROGRAMS SERVED 668 CAREGIVERS WITH 5,666 COACHING/CONSULTATION SESSIONS, 285 CAREGIVERS WITH 15,004 HOURS OF RESPITE CARE SERVICES, 162 CAREGIVERS WITH 2,996 UNITS (DETERMINED BY SERVICE) OF SUPPLEMENTAL SERVICES, 654 CAREGIVERS WITH 6,728 ACCESS ASSISTANCE CONTACTS AND 1,676 PERSONS WITH 134 GROUP EDUCATION SESSIONS
(Code) (Expenses \$ 535,032 including grants of \$ 0) (Revenue \$ 0) DATA MANAGEMENT PROGRAM UNDER CONTRACT WITH THE MINNESOTA DEPARTAMENT OF HUMAN SERVICES, MAAA PROVIDED ONGOING MANAGEMENT OF THE STATE'S LONG-TERM CARE DATABASE TO MAINTAIN ACCURACY AND CURRENCY AND TO CONDUCT A CONTINUOUS QUALITY IMPROVEMENT PROCESS NEW SERVICE CATEGORIES ADDED TO THE DATABASE IN 2011 INCLUDED RESOURCES ABOUT VOLUNTEERISM
(Code) (Expenses \$ 269,700 including grants of \$ 0) (Revenue \$ 0) UPPER MIDWEST PENSION RIGHTS PROJECT MAAA'S STAFF ATTORNEYS AND LAW STUDENT INTERNS PROVIDED COMPREHENSIVE PENSION COUNSELING, INFORMATION AND REFERRAL SERVICES IN A FIVE-STATE SERVICE AREA WITH LOCAL PARTNERS IN MINNESOTA, WISCONSIN, IOWA, AND NORTH AND SOUTH DAKOTA WITH 312 INDIVIDUALS SERVED, \$623,167 SECURED FOR CLIENTS IN RECOVERY OF THEIR PENSION BENEFITS, AND 24 OUTREACH EVENTS HELD
(Code) (Expenses \$ 108,177 including grants of \$ 108,177) (Revenue \$ 0) HEALTH PROMOTION TITLE III-D MAAA FUNDED TWO ORGANIZATIONS IN 2011 ONE TO PROVIDE EVIDENCE-BASED HEALTH PROMOTION ACTIVITIES (233 PERSONS PROVIDED WITH 1,596 UNITS), AND ONE TO PROVIDE MEDICATION THERAPY MANAGEMENT (69 PERSONS PROVIDED WITH 1 1 ASSISTANCE, AND ANOTHER 113 ATTENDED EDUCATIONAL WORKSHOPS)
(Code) (Expenses \$ 64,507 including grants of \$ 0) (Revenue \$ 0) PROGRAM DEVELOPMENT & COORDINATION MAAA WORKED WITH CURRENT AND NEW PARTNERS IN 2011 TO EXPAND EVIDENCE-BASED HEALTH PROMOTION AND CHRONIC DISEASE MANAGEMENT SERVICES A TOTAL OF 338 PARTICIPANTS COMPLETED MATTER OF BALANCE CLASS SESSIONS OFFERED BY 13 IMPLEMENTING PARTNERS WHERE 30 NEW COACHES WERE TRAINED MAAA TRANSLATED THE MATTER OF BALANCE CURRICULUM AND SPONSORED TRAINING FOR DEAF COMMUNITY HEALTH WORKERS CLASS OFFERINGS FOR LIVING WELL WITH CHRONIC CONDITIONS TOTALED 22 IN 10 METRO COMMUNITIES MAAA BECAME THE SPONSOR OF THE STATEWIDE MINNESOTA FALLS PREVENTION LIST SERVE, PROVIDING PRACTICAL RESOURCE INFORMATION ON FALLS PREVENTION RESERACH, INTERVENTIONS, FUNDING OPPORTUNITIES, AND COMMUNITY AWARENESS STRATEGIES TO OVER 400 MEMBERS ON A MONTHLY BASIS MAAA SERVED 100 SUBSCRIBERS TO THE AGENCY'S WORKING CAREGIVER E-NEWS, PUBLISHED BI-MONTHLY AS A RESOURCE FOR EMPLOYERS SEEKING TO UNDERSTAND AND SUPPORT WORKING CAREGIVERS PARTNERSHIPS FORMED WITH COMMONBOND COMMUNITIES, JEWISH FAMILY AND CHILDREN'S SERVICES, AND LITTLE BROTHERS/FRIENDS OF THE ELDERLY TO IMPLEMENT CONSUMER-DIRECTED NURSING HOME DIVERSION STRATEGIES KNOWN AS LIVE WELL AT HOME
(Code) (Expenses \$ 551,683 including grants of \$ 59,588) (Revenue \$ 9,544) OTHER PROGRAMS AMERICORPS PLANNING PROJECT TO CREATE LIFETIME COMMUNITIES, ALZHEIMER'S DEMONSTRATION TO IMPROVE EARLY IDENTIFICATION AND SUPPORT LATINO ELDER, ALZHEIMER'S NYU CAREGIVER INTERVENTION TO SUPPORT SPOUSAL CAREGIVERS OF AFRICAN AMERICAN PERSONS WITH DEMENTIA IN PARTNERSHIP WITH VOLUNTEERS OF AMERICA/MN, RISK REDUCTION TO REFER MEDICARE BENEFICIARIES TO HEALTH PROMOTION AND DISEASE PREVENTION SERVICES, CONSORTIUM PROJECT TECHNICAL ASSISTANCE

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990. See separate instructions.

Name of the organization
METROPOLITAN AREA AGENCY ON AGING

Employer identification number
41-1774247

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

Number of states where property subject to conservation easement is located

5

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

Yes

No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

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

Yes

No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

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

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

Part III

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

3

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

a

☐ Public exhibition

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

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

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 property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		352,365		352,365
b Buildings		937,987	195,414	742,573
c Leasehold improvements				
d Equipment		764,204	461,731	302,473
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,397,411

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	110,379,020
2	Total expenses (Form 990, Part IX, column (A), line 25)	210,248,481
3	Excess or (deficit) for the year Subtract line 2 from line 1	3130,539
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 - 8	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1330,539

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	110,603,638
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b194,272	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d2e	194,272
3	Subtract line 2e from line 13	10,409,366
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 7b4a	
b	Other (Describe in Part XIV)4b-30,346	
c	Add lines 4a and 4b4c	-30,346
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	10,379,020

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	110,498,099
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a194,272	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d55,346	
e	Add lines 2a through 2d2e	249,618
3	Subtract line 2e from line 13	10,248,481
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	10,248,481

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	MAAA IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND IS ALSO EXEMPT FROM MINNESOTA FRANCHISE AND INCOME TAXES. MAAA HAS ADOPTED THE INCOME TAX STANDARD FOR UNCERTAIN TAX POSITIONS. NO LIABILITY WAS RECOGNIZED BY MAAA AS A RESULT OF THE STANDARDS IMPLEMENTATION. MAAA'S 2011, 2010, AND 2009 TAX YEARS ARE OPEN FOR EXAMINATION BY THE IRS. THE ENTITY FILES AS A TAX-EXEMPT ORGANIZATION. SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION COULD BE SUBJECT TO REVIEW BY THE IRS.
PART XII, LINE 4B - OTHER ADJUSTMENTS		TEMPORARILY RESTRICTED CONTRIBUTIONS 25,000 RENTAL EXPENSES -55,346
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 55,346

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
METROPOLITAN AREA AGENCY ON AGING

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

2011

Open to Public
Inspection

Employer identification number
41-1774247

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

36

3

Enter total number of other organizations listed in the line 1 table ▶

0

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE MAAA MONITORS AND ASSESSES ITS GRANTEES/CONTRACTORS IN A COMPREHENSIVE AND OBJECTIVE MANNER THAT FULFILLS ITS FIDUCIARY RESPONSIBILITIES METHODS USED INCLUDE, BUT ARE NOT LIMITED TO SITE VISITS & ASSESSMENTS, SITE VISIT GUIDE, AND SITE ASSESSMENT TOOL, DOCUMENT VERIFICATION, FINANCIAL REVIEWS, MONITORING OF PROGRAM AND FINANCIAL REPORTS, FINAL OUTCOME REPORTS, MONTHLY, QUARTERLY AND YEAR-END REPORTS, NATIONAL AGING PROGRAM INFORMATION SYSTEM (NAPIS) CLIENT REGISTRATION & REPORTS, PROGRAM SUMMARY REPORTS (SUBMITTED AND THE CONCLUSION OF A FUNDING-CYCLE) SITE VISITS ARE CONDUCTED A MINIMUM OF ONE-TIME PER YEAR USING AN AGENCY SITE ASSESSMENT TOOL THAT PROVIDES AN IN-DEPTH UNDERSTANDING OF AN ORGANIZATION'S MANAGEMENT OF PROGRAMS AND COMPLIANCE WITH FUNDING PRIORITIES AND PROGRAM POLICIES DOCUMENT VERIFICATION IS REVIEWED AT LEAST ANNUALLY VERIFYING CLIENT ELIGIBILITY FOR TITLE III SERVICES ADDITIONALLY, GRANTEES MAY ALSO BE ASKED TO PROVIDE VERIFICATION OF OTHER ITEMS SUCH AS IN-KIND MATCH AND VOLUNTEER HOURS FINANCIAL REVIEWS INCLUDE AN IN-DEPTH REVIEW AND EVALUATION OF AN ORGANIZATION'S FINANCIAL MANAGEMENT ACTIVITIES INCLUDING DOCUMENTATION TO SUPPORT ITS ACCOUNTING ENTRIES AND PROGRAM REPORTS

Software ID:

Software Version:

EIN: 41-1774247

Name: METROPOLITAN AREA AGENCY ON AGING

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST WILDER FOUNDATION451 LEXINGTON AVE N ST PAUL,MN 55104	41-0693889	501(C)(3)	79,333		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
ANOKA CO CAP 11155 ROBINSON DR COON RAPIDS, MN 55433	41-6048575	COUNTY	27,996		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
ANOKA CO SENIOR CAREGIVER NETWORK2100 3RD AVE N 500 ANOKA,MN 55303	41-6005752	COUNTY	60,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
BRIAN COYLE COMMUNITY CENTER420 15TH AVE SO MINNEAPOLIS, MN 55454	41-0916478	501(C)(3)	35,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
CATHOLIC CHARITIES1200 2ND AVE S MINNEAPOLIS, MN 55403	41-1302487	501(C)(3)	83,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
CITY OF FRIDLEY 6805 7TH ST NE FRIDLEY,MN 55427	41-6007700	CITY OF FRIDLEY	26,830		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
CLUES797 E 7TH ST ST PAUL,MN 55106	41-1389686	501(C)(3)	25,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
COMMUNITY EMERGENCY ASSISTANCE PROGRAM6840 78TH AVE N BROOKLYN PARK,MN 55455	41-0990340	501(C)(3)	17,184		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
DARTS1645 MARTHALER LANE W ST PAUL,MN 55118	41-1326631	501(C)(3)	103,417		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
EAST SUBURBAN RESOURCES1754 WASHINGTON AVE STILLWATER, MN 55082	41-0880331	501(C)(3)	15,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
ELDERBERRY INSTITUTE475 CLEVELAND AVE N ST PAUL,MN 55104	36-3512437	501(C)(3)	91,057		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
FAIRVIEW PHARMACY SYSTEM 711 KASOTA AVE N MINNETONKA, MN 55414	72-1586863	501(C)(3)	28,844		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
FAMILY MEANS1875 NORTHWESTERN AVE N STILLWATER, MN 55082	41-6045574	501(C)(3)	135,932		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
GMCC1001 E LAKE ST MINNEAPOLIS, MN 55407	41-0693933	501(C)(3)	76,190		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
INTER-TRIBAL ELDERS SERVICES 3244 - 34TH AVE S MINNEAPOLIS, MN 55406	36-3411450	501(C)(3)	35,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
JEWISH COMMUNITY CENTER OF GREATER ST PAUL 1375 ST PAUL AVE ST PAUL,MN 55116	41-0698596	501(C)(3)	9,348		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
JEWISH FAMILY & CHILD SERVICES OF MINNEAPOLIS13100 WAYAZATA BLVD 100 MINNETONKA, MN 55305	41-0693860	501(C)(3)	29,327		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
KOREAN SERVICE CENTER630 CEDAR AVE MINNEAPOLIS, MN 55454	41-1678348	501(C)(3)	80,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
LAO ADVANCEMENT ORGANIZATION OF AMERICA2648 W BROADWAY AVE MINNEAPOLIS, MN 55411	41-1651825	501(C)(3)	35,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
LAO FAMILY COMMUNITY OF MINNESOTA320 UNIVERSITY AVE W ST PAUL,MN 55103	41-1434916	501(C)(3)	31,482		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SOCIETY OF MINNEAPOLIS430 1ST AVE N MINNEAPOLIS,MN 55401	41-0797355	501(C)(3)	124,855		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
MERRICK COMMUNITY SERVICES715 EDGERTON ST ST PAUL,MN 51130	41-0693851	501(C)(3)	35,954		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
NEIGHBORHOOD INVOLVEMENT PROGRAM2431 HENNEPIN AVE S MINNEAPOLIS,MN 55405	41-0956858	501(C)(3)	52,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
NW YOUTH & FAMILY SERVICES3490 LEXINGTON AVE N SHOREVIEW,MN 55126	41-1284306	501(C)(3)	17,153		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
PRESBYTERIAN HOMES AND SERVICES2845 HAMLINE AVE N ROSEVILLE,MN 55113	41-7587560	501(C)(3)	1,878,706		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
PRISM730 FLORIDA AVE S GOLDEN VALLEY,MN 55426	41-1442049	501(C)(3)	389,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
SCOTT-CARVER-DAKOTA CAP AGENCY 712 CANTERBURY ROAD SHAKOPEE,MN 55379	41-0903890	501(C)(3)	375,001		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
SENIOR COMMUNITY SERVICES10709 WAYZATA BLVD MINNETONKA,MN 55305	41-0720473	501(C)(3)	94,292		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES166 E 4TH ST ST PAUL,MN 55101	41-1316151	501(C)(3)	124,855		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
ST ANTHONY PARK COMMUNITY COUNCIL 8890 CROMWELL AVE ST PAUL,MN 55114	41-1390942	501(C)(3)	25,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
STORE-TO-DOOR1935 WCO RD B2 250 ROSEVILLE,MN 55113	41-1433859	501(C)(3)	156,658		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
STRATEGIC ALLIANCE FOR SENIOR SERVICES 1645 MARTHALER LN W ST PAUL,MN 55118	41-1942542	501(C)(3)	120,761		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
TRUST INC9 W RUSTIC LODGE AVE S MINNEAPOLIS,MN 55419	41-0965940	501(C)(3)	45,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
UNITED CAMBODIAN ASSOCIATION OF MINNESOTA1101 SNELLING AVE N ST PAUL,MN 55108	41-1631017	501(C)(3)	38,753		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
VIETNAMESE SOCIAL SERVICES1159 UNIVERSITY AVE W ST PAUL,MN 55104	36-3532232	501(C)(3)	70,000		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS
VOLUNTEERS OF AMERICAMINNESOTA 7625 METRO BLVD MINNEAPOLIS,MN 55439	41-1554078	501(C)(3)	1,580,153		N/A	N/A	TO PROVIDE TITLE III SERVICES TO SENIORS AGED 60+ SPECIFIED IN THE CONTRACT OR GRANT AGREEMENTS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
METROPOLITAN AREA AGENCY ON AGING

Employer identification number
41-1774247

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS COMPOSED OF MEMBERS OF THE BOARD OF DIRECTORS, AS ELECTED BY THE BOARD THE EXECUTIVE COMMITTEE IS MAY ACT WITH THE FULL AUTHORITY OF THE BOARD
	FORM 990, PART VI, SECTION B, LINE 11	MANAGEMENT REVIEWED THE FORM 990 IN DETAIL THE EXECUTIVE COMMITTEE REVENED THE FORM 990 WITH DISCUSSION REFLECTED IN THE MEETING MINUTES BOARD MEMBERS WILL RECEIVE A COPY OF THE DOCUMENT ONE WEEK PRIOR TO THE MEETING AT A REGULAR BOARD MEETING, THE BOARD OF DIRECTORS WILL REVIEW A PRINTED COPY OF THE FORM 990 BEFORE IT IS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS OF THE MAAA ARE ASKED TO SUBMIT AN ANNUAL STATEMENT DECLARING CONFLICTS OF INTEREST, IF ANY IF A BOARD MEMBER DECLARES A CONFLICT OF INTEREST, THE BOARD'S EXECUTIVE COMMITTEE WILL RESOLVE ANY REAL OR APPARENT CONFLICT(S) AND, IN THE ABSENCE OF RESOLUTION, REFER THE MATTER TO THE BOARD OF DIRECTORS DURING MEETINGS OF THE BOARD AND ITS COMMITTEES, BOARD MEMBERS ARE REQUIRED TO DECLARE ANY REAL OR APPARENT CONFLICT OF INTEREST TO DETERMINE IF A CONFLICT OF INTEREST EXISTS, THE "INTERESTED PERSON" DISCLOSES THE MATERIAL FACTS, AND THE BOARD, OR THE COMMITTEE THEREOF, DETERMINES WHETHER A CONFLICT EXISTS DISINTERESTED BOARD MEMBERS CAN GATHER ADDITIONAL FACTS FROM THE INTERESTED BOARD MEMBER NO BOARD MEMBER MAY VOTE IN ANY DELIBERATION RELATING TO POLICIES, ISSUES, SELECTION OF VENDORS, AND/OR FUNDING PROPOSALS IN WHICH HE/SHE HAS A CONFLICT OF INTEREST AS DETERMINED BY THE BOARD PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES OR AS OTHERWISE APPROPRIATE KEY EMPLOYEES EMPLOYEES RECEIVE A COPY OF THE AGENCY'S PERSONNEL POLICIES MANUAL AT THE TIME OF HIRE THE MANUAL OUTLINES ACTIONS DEEMED TO BE CONFLICT OF INTEREST AND THE DISCIPLINARY ACTIONS THAT RESULT IF AN EMPLOYEE VIOLATES THE CONFLICT OF INTEREST POLICY SUPERVISORS ARE RESPONSIBLE TO KNOW THE AGENCY'S CONFLICT OF INTEREST POLICY AND MONITOR THE EMPLOYEES THEY DIRECTLY SUPERVISE RELATED TO CONFLICT OF INTEREST PROCEEDINGS RELATED TO CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES OR AS OTHERWISE APPROPRIATE
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD'S EXECUTIVE COMMITTEE DETERMINES ALL AGENCY SALARY RANGES VIA COMPARISON WITH SURVEY INFORMATION COMPILED BY THE MN COUNCIL OF NON-PROFITS IN THEIR ANNUAL PUBLICATION, MINNESOTA NONPROFIT SALARY AND BENEFITS SURVEY THE SURVEY IS A COMPILATION OF APPROXIMATELY 600 MINNESOTA NONPROFIT CORPORATIONS IN ADDITION THE COMMITTEE CONSIDERS ADDITIONAL SPECIFIC INFORMATION FROM AGENCIES SIMILAR TO THE MAAA EACH KEY EMPLOYEE RECEIVES AN ANNUAL PERFORMANCE REVIEW AND HIS/HER SALARY IS DETERMINED BASED ON MERIT WITHIN THE ESTABLISHED RANGE THIS PROCESS WAS LAST USED IN 2009 FOR THE EXECUTIVE DIRECTOR, D SIMONSON AND THE FINANCE DIRECTOR, T NIELSEN
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AFTER FORMALLY APPROVED OR ACCEPTED BY BOARD OF DIRECTORS