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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning Jul 1 , 2012, and ending Jun 30 , 2013

B Check if applicable:
- [ ] Address change
- [X] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Northwest Missouri Area Agency on Aging
Doing Business As:
Number and street (or P O box if mail is not delivered to street addr): P.O. Box 265
Room/suite:
City, town or country: Albany
State: MO
ZIP code + 4: 64402-0265

D Employer Identification Number: 43-1014201

E Telephone number: (660) 726-3800

G Gross receipts $ 3,223,490.

F Name and address of principal officer: Rebecca Flaherty 504 E Highway 136 Albany MO 64402

H(a) Is this a group return for affiliates? [ ] Yes [X] 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: [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.nwmoaaa.org

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation 1973

M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Services for Older Americans
To promote systems that maintain and enhance the quality of life for older persons in their home and long-term care facility environment. The primary purpose is the establishment of the priorities and development of overall plans for programs on aging in Northwest Missouri.

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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	123
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	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,320,987.	3,221,940.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,655.	1,550.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,322,642.	3,223,490.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,505,506.	2,437,550.
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)	563,715.	543,739.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	246,814.	239,580.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,316,035.	3,220,869.
19	Revenue less expenses Subtract line 18 from line 12	6,607.	2,621.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	558,077.	468,803.
21	Total liabilities (Part X, line 26)	527,013.	435,118.
22	Net assets or fund balances Subtract line 21 from line 20	31,064.	33,685.

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Part II Signature Block

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

Sign Here

► Signature of officer — Date: 04/28/14

► Rebecca Flaherty — Executive director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Ted Espey	Ted Espey	04/19/14		P00421829

Firm's name ► Marsh, Espey & Riggs P.C.
Firm's address ► 101 W Edwards St
Maryville MO 64468
Firm's EIN ► 43-1465791
Phone no (660) 582-3181

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

23 67

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

Services for Older Americans

To promote systems that maintain and enhance the quality of life for older persons in their

See Form 990, Page 2, Part III, Line 1 (continued)

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 $ 718,768. including grants of $ 331,225.) (Revenue $ 0.)

SUPPORTIVE SERVICES: TO PROVIDE INFORMATION, LEGAL, TRANSPORTATION AND IN-HOME SERVICES; AND TO SUPPORT SENIOR CENTERS

4b (Code) (Expenses $ 2,062,676. including grants of $ 1,935,366.) (Revenue $ 0.)

CONGREGATE AND HOME DELIVERED NUTRITION PROGRAM: TO PROVIDE NUTRITIOUS MEALS TO SENIOR CITIZENS AT MEAL SITES AND TO SENIOR CITIZENS WHO ARE HOME BOUND

4c (Code) (Expenses $ 263,206. including grants of $ 170,960.) (Revenue $ 0.)

FRAIL-ELDERLY; ELDER ABUSE AND OTHER SERVICES: TO PROVIDE IN-HOME RESPITE CARE FOR SENIOR CITIZENS AND OTHER RELATED SERVICES

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 3,044,650.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		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*	5		X
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*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		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*	11a		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*	11b		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*	11c		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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e	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*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, and XII*	12a	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 and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
21 Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22 Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25*	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I*	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29 Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34 Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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 3		
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 15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
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		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
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 as charitable contributions?	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	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	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?	13a		
	Note. 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		

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 [X]

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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

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

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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 during the tax year

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

▶ TERRI PETTY 504 E HIGHWAY 136 ALBANY MO 64402 (660) 726-3800

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 (list any hours for related organizations below dotted line)	(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) Blair Shock Board Member	1.00	X						0.	0.	0.
(2) Dean Rolofson Board Member	1.00	X						0.	0.	0.
(3) Orman Rouse Board Member	1.00	X						0.	0.	0.
(4) Susan Rippen Board Member	1.00	X						0.	0.	0.
(5) Martin Rucker Board Member	1.00	X						0.	0.	0.
(6) John Murphy Chairperson	2.00	X		X				0.	0.	0.
(7) Shirley Pierce Vice Chairperson	1.00	X		X				0.	0.	0.
(8) Sharon Ferris Secretary	1.00	X		X				0.	0.	0.
(9) Jim Whorton Treasurer	1.00	X		X				0.	0.	0.
(10) Rebecca Flaherty Executive Director	40.00			X				45,457.	0.	22,213.
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total							►	45,457.	0.	22,213.
c Total from continuation sheets to Part VII, Section A							►			
d Total (add lines 1b and 1c)							►	45,457.	0.	22,213.

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? *If 'Yes,' complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*		X
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*		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. 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
Interfaith Community Se PO Box 4038	St Joseph	MO	64504	Nutrition and in-home services	367,795.
OATS, Inc. 2501 Maguire Blvd	Columbia	MO	65201	Transportation	170,645.
Putnam Co Senior Citize 116 S 17th Street	Unionville	MO	63565	Nutrition and in-home services	142,366.
Nodaway Co Senior Citiz 1210 E 1st Street	Maryville	MO	64468	Nutrition	119,460.
Davies ounty Multipurpo 109 Main	Gallatin	MO	64640	Nutrition and in-home services	108,494.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 6

Part VIII Statement of Revenue

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

			(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	3,217,167.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,773.			
	g Noncash contributions included in lns 1a-1f $					
	h **Total.** Add lines 1a-1f		3,221,940.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
	3 Investment income (including dividends, interest and other similar amounts)		1,550.	0.	0.	1,550.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
OTHER REVENUE	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d					
	12 **Total revenue.** See instructions		3,223,490.	0.	0.	1,550.

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).

Check if Schedule O contains a response to any question in this Part IX [X]

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	2,437,550.	2,437,550.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0.	0.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	67,482.	0.	67,482.	0.
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.	0.	0.	0.
7 Other salaries and wages	351,046.	304,093.	46,953.	0.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	7,283.	5,982.	1,301.	0.
9 Other employee benefits	85,805.	81,047.	4,758.	0.
10 Payroll taxes	32,123.	23,262.	8,861.	0.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,000.	0.	1,000.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	938.	0.	938.	0.
12 Advertising and promotion				
13 Office expenses	29,081.	17,298.	11,783.	0.
14 Information technology	2,352.	756.	1,596.	0.
15 Royalties				
16 Occupancy	43,404.	33,211.	10,193.	0.
17 Travel	64,590.	49,083.	15,507.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,940.	2,050.	890.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	4,655.	2,055.	2,600.	0.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Client transportation	58,574.	58,574.	0.	0.
b Membership dues	1,605.	575.	1,030.	0.
c Program supplies & equipment	29,337.	28,010.	1,327.	0.
d Miscellaneous	1,104.	1,104.	0.	0.
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	3,220,869.	3,044,650.	176,219.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► [ ] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments	390,138.	2	405,504.
	3	Pledges and grants receivable, net	163,455.	3	57,810.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other 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) 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	4,484.	9	5,489.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	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)	558,077.	16	468,803.
LIABILITIES	17	Accounts payable and accrued expenses	52,689.	17	44,154.
	18	Grants payable	223,852.	18	210,885.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other 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		23	
	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	250,472.	25	180,079.
	26	**Total liabilities.** Add lines 17 through 25	527,013.	26	435,118.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117 (ASC 958), check here ► ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	25,023.	27	27,921.
	28	Temporarily restricted net assets	6,041.	28	5,764.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	31,064.	33	33,685.
	34	Total liabilities and net assets/fund balances	558,077.	34	468,803.

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	3,223,490.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,220,869.
3	Revenue less expenses Subtract line 2 from line 1	3	2,621.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,064.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	33,685.

Part XII Financial Statements and Reporting

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

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

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

2012

Open to Public Inspection

Name of the organization	Employer identification number
Northwest Missouri Area Agency on Aging	43-1014201

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 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 – Non-functionally integrated

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 is a Type I, Type II or Type III supporting organization, check this box ☐

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	3,557,468.	3,507,552.	3,537,887.	3,320,987.	3,221,940.	17,145,834.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
4 **Total.** Add lines 1 through 3	3,557,468.	3,507,552.	3,537,887.	3,320,987.	3,221,940.	17,145,834.
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						17,145,834.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,557,468.	3,507,552.	3,537,887.	3,320,987.	3,221,940.	17,145,834.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,566.	2,426.	1,681.	1,655.	1,550.	9,878.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						17,155,712.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	99.94 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	99.92 %

16a **33-1/3% support test – 2012.** If the organization did not check the box on line 13, and the 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 – 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2012.** 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 – 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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						
7 a 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 yr beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10 a 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 lns 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19 a **33-1/3% support tests – 2012.** 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 – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

Northwest Missouri Area Agency on Aging

43-1014201

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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 XIII, 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.

1 a 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 XIII, 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
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

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 XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII Check here if the explantion has been provided in Part XIII ☐

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

4 Describe in Part XIII 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				

Part VII Investments – Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total *(Column (b) must equal Form 990, Part X, column (B) line 12)* ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total *(Column (b) must equal Form 990, Part X, column (B) line 13)* ►		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15)* ►	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Refundable advances - grants	180,079.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	180,079.

2. FIN 48 (ASC 740) Footnote In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII [X]

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

1	Total revenue, gains, and other support per audited financial statements			1	4,979,996.
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 XIII)	2d	1,756,506.		
e	Add lines **2a** through **2d**			2e	1,756,506.
3	Subtract line **2e** from line **1**			3	3,223,490.
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	3,223,490.

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

1	Total expenses and losses per audited financial statements			1	4,977,375.
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 XIII)	2d	1,756,506.		
e	Add lines **2a** through **2d**			2e	1,756,506.
3	Subtract line **2e** from line **1**			3	3,220,869.
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	3,220,869.

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Pt X Line 2 The Organization's financial statements included an ASC 740 disclosure as follows: The accounting standards on accounting for uncertainty in income taxes address the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under that guidance, the Organization may recognize the tax benefit from an uncertain tax position only

Part XIII Supplemental Information *(continued)*

if it is more likely than not that the tax position will be sustained on examination by taxing authorities based on the technical merits of the position. Examples of tax positions include the tax-exempt status of the Organization and various positions related to the potential sources of unrelated business taxable income (UBIT). Management evaluates the Organization's tax positions annually for any potential changes or issues that may result in uncertainty in the accounting for income taxes. As of June 30, 2013, management believes the Organization's tax status to be that of a not-for-profit entity and; therefore, have made the decision to classify the Organization as tax exempt. The Organization has filed all required tax returns with the required U.S. federal jurisdiction. Management has reviewed all sources of revenue and does not believe the Organization to be subject to income tax on unrelated business income. The Organization did not record any interest or penalties in the statement of activities or statement of financial position as of and during the year ended June 30, 2013. Tax returns filed for the years ended June 30, 2011 through 2013 remain subject to examination by the Internal Revenue Service.

Pt XI Line 2d Program income and cash match reported in the audited financial statements as revenue that is generated and

Part XIII Supplemental Information *(continued)*

expended by entities that are recipients of grant awards from the Organization.

Pt XII Line 2d Program income and cash match reported in the audited financial statements as revenue that is generated and expended by entities that are recipients of grant awards from the Organization.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Northwest Missouri Area Agency on Aging

Employer identification number

43-1014201

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000 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) Harrison County Council o 1316 South 25th Bethany MO 64424	43-0921944	501(c)(3)	82,263.				See Pt IV
(2) Linn County Council on Ag 143 Clawson Rd Brookfield MO 64628	43-1033243	501(c)(3)	87,933.				See Pt IV
(3) Cameron Nutrition Center 315 East Third Cameron MO 64429	43-1124499	501(c)(3)	73,752.				See Pt IV
(4) Concerned Christians for 440 Locust Chillicothe MO 64601	23-7193767	501(c)(3)	82,663.				See Pt IV
(5) Daviess County Multipurpo 109 Main Gallatin MO 64640	43-1037501	501(c)(3)	108,494.				See Pt IV
(6) Tri-City Senior Council o 208 S 2nd Maitland MO 64466	43-1144322	501(c)(3)	35,636.				See Pt IV
(7) Marceline Area Nutrition 229 W Hauser Marceline MO 64658	43-1413531	501(c)(3)	65,118.				See Pt IV
(8) Nodaway County Senior Cit 1210 E 1st St Maryville MO 64468	43-1437747	501(c)(3)	119,460.				See Pt IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ► 28

3 Enter total number of other organizations listed in the line 1 table ► 2

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2012

Name of the organization: Northwest Missouri Area Agency on Aging

Employer identification number: 43-1014201

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Dekalb County Senior Citi 109 N Polk Maysville MO 64469	43-1033273	501(c)(3)	63,329.				See Pt IV
Sullivan County Multipurp 111 N Market Milan MO 63556	43-1210881	501(c)(3)	70,027.				See Pt IV
Senior Citizens of Holt C 613-15 State Street Mound City MO 64470	43-1365678	501(c)(3)	73,038.				See Pt IV
Pattonsburg Multipurpose 1023 Main Pattonsburg MO 64670	43-1545020	501(c)(3)	32,710.				See Pt IV
Clinton Co Senior Action 113 N Main St Plattsburg MO 64477	43-1065605	501(c)(3)	60,869.				See Pt IV
Caldwell County Nutrition 410 Main Street Polo MO 64671	43-1095882	501(c)(3)	72,002.				See Pt IV
Mercer County Council on 110 Broadway Princeton MO 64673	43-6203660	501(c)(3)	50,784.				See Pt IV
Rock Port Senior Center A 505 Country Club Dr Rock Port MO 64482	43-1267974	501(c)(3)	58,303.				See Pt IV
Interfaith Community Serv PO Box 4038 St. Joseph MO 64504	44-0545910	501(c)(3)	367,795.				See Pt IV
Bartlett Cener 409 S 18th St St. Joseph MO 64501	63-7116216	501(c)(3)	96,227.				See Pt IV

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2012

Name of the organization: Northwest Missouri Area Agency on Aging

Employer identification number: 43-1014201

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Andrew County Council on 101 S 4th Savannah MO 64485	43-1176412	501(c)(3)	104,824.				See Pt IV
Gentry Co. Senior Center 219 N High St Stanberry MO 64489	43-1092074	501(c)(3)	85,721.				See Pt IV
Atchison Co Multipurpose 412 Main St Tarkio MO 64491	43-1309687	501(c)(3)	54,656.				See Pt IV
Grundy County Council on 2901 Hoover Dr Trenton MO 64683	43-1081153	501(c)(3)	99,573.				See Pt IV
Putnam Co Senior Citizens 116 S 17th St Unionville MO 63565	43-1063546	501(c)(3)	142,366.				See Pt IV
SSM Health Business 1912 South Main St Maryville MO 64468	43-1333488	501(c)(3)	17,939.				See Pt IV
Serve Link Home Care Inc. 1510 E 9th St Trenton MO 64683	43-1013010	501(c)(3)	107,917.				See Pt IV
OATS, Inc. 2501 Maguire Blvd Columbia MO 65201	43-1016961	501(c)(3)	170,645.				Transportation
Legal Aid of Western Mo 1125 Grand Blvd Kansas City MO 64106	43-0824638	501(c)(3)	10,000.				See Pt IV
Help At Home, Inc 500 W Lincoln Highway Merrillville IN 46410	36-2820808	501(c)(3)	20,747.				See Pt IV

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2012

Name of the organization: Northwest Missouri Area Agency on Aging

Employer identification number: 43-1014201

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Critical Signals Technolo 22600 Haggerty Rd Farmington Hill MI 48335	20-5117627		12,221.				See Pt IV
Brenda'a Assured Home Car 1006 Coneflower St Smithville MO 64089	27-2156261		8,613.				See Pt IV

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. 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						
2						
3						
4						
5						
6						
7						

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

Pt I Line 2 All grantees are monitored annually on-site by staff members who observe operations and require documentation to determine if the grantee is following the requirements stated in the Code of State Regulations, as well as all federal laws and regulations. Service level are monitoried monthly through required reports.

Pt 2, Col h Purpose of grants is to provide nutritional and supportive services, ombudsman, respite and transportation to senior citizens.

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

2012

Open to Public Inspection

Name of the organization

Northwest Missouri Area Agency on Aging

Employer identification number

43-1014201

Pt VI, Line 4 Bylaws were amended to: 1) change name of corporation and 2) add provision "all board members shall abide by the Organization's conflict of interest policy and other governance policies in regards to conflict and independence"

Pt VI, Line 7a There are no classes of persons with rights that are in addition to the rights of any other persons.

Pt VI, Line 11b The process for review is as follows: the exective director and financial manager collaborate with the Auditor to complete Form 990. This step may involve receiving information from employees, board members, contractors and others who have business-related activities with the Organization. The Auditor provides a completed Form 990 to the executive director and financial manager for their review. Once approval of the executive director and financial manager is granted, each board member will receive a copy, including required schedules, as ultimately filed with the IRS for their review at the next regularly scheduled board meeting. The review is conducted by the executive director, financial manager and board. A review checklist is utilized. After completion of the review, the board resolves to approve the Form 990. If at any step in the process a revision to the Form 990 is requested, the revised information is given to the auditor, the Form 990 is revised, and the process begins again.

Pt VI, Line 12c The board has established a number of policies and procedures

Name of the organization: Northwest Missouri Area Agency on Aging

Employer identification number: 43-1014201

to guard against conflict of interest regarding proposed and ongoing transactions. All board members and staff are trained on, and subject to, these policies and procedures. Annually, the board of directors and key employees sign a statement certifying no conflicts of interest or describing potential conflicts of interest that may exist. The board, with assistance of executive director, is responsible to determine whether a conflict exists and resolution. Should a conflict be identified, such person would be prohibited from participating in the board deliberation & decision in the transaction.

Pt VI, Line 15b Compensation for executive director approved annually by Board of Directors. Board follows a salary schedule that was developed by utilizing outside independent sources. This salary schedule was approved by the board. Compensation is based on salary schedule. Executive director is evaluated annually by the board. Salary schedule provides for salary cap on executive director's pay of $77,000.

Pt VI, Line 19 The Organization makes its governing documents, conflict of interest policy, and audited financial statements available, at the Organization's office, to general public upon request.

Pt IX, Line 25, col d The primary purpose of the Organization is the establishment of the priorities and development of overall plans for programs on aging in the Multi-County Area of Northwest Missouri. The Organization receives fund under Title III and other titles of the Older Americans Act (OAA) and such

Name of the organization: Northwest Missouri Area Agency on Aging

Employer identification number: 43-1014201

other sources as may become available. The Organization is mandated by the OAA to use subgrants or contracts with service providers to provide all services under OAA funding sources. The Organization may request a waiver, from the Missouri Department of Health and Senior Services to provide a service directly. Due to the nature of funding received and the strict limitations placed on the use of that funding by grantor agencies, the Organization did not conduct any fundraising activities for 2012-2013.

Pt XII, Line 2c The audit is procured by the State of Missouri on behalf of the Organization. During the audit, the board of directors and executive director assume responsibility for oversight of the audit. Upon completion of the audit, the Missouri Department of Health & Senior Services reviews and approves the audit report; board of directors reviews audit report, holds exit conference with the auditor and formally votes to accept audit report. This process is followed consistently from year to year.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:
home and long-term care facility environment. The primary purpose is the establishment of the priorities and development of overall plans for programs on aging in Northwest Missouri.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:
home and long-term care facility environment. The primary purpose is the establishment of the priorities and development of overall plans for programs on aging in Northwest Missouri.

Form **8868**
(Rev January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extention on a previously filed Form 8868

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return See instructions

Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
Northwest Missouri Area Agency on Aging	43-1014201
Number, street, and room or suite number If a P O box, see instructions	Social security number (SSN)
P.O. Box 265	
City, town or post office, state, and ZIP code For a foreign address, see instructions	
Albany MO 64402-0265	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► TERRI PETTY

Telephone No. ► (660) 726-3800 FAX No ► (660) 726-4113

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 18, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► [ ] calendar year 20 ____ or

► [X] tax year beginning Jul 1, 20 12, and ending Jun 30, 20 13

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ► X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print / File by the extended due date for filing your return See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Northwest Missouri Area Agency on Aging	43-1014201
	Number, street, and room or suite number If a P O. box, see instructions	Social security number (SSN)
	P.O. Box 265	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Albany MO 64402-0265	

Enter the Return code for the return that this application is for (file a separate application for each return) . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► TERRI PETTY
  Telephone No. ► (660) 726-3800 FAX No. ► (660) 726-4113.
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . If this is for the whole group, check this box . . ► ☐. If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until May 15, 20 14.

5 For calendar year ____, or other tax year beginning Jul 1, 20 12, and ending Jun 30, 20 13.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension Accounting records are not complete enough at this time to allow for the preparation of an accurate income tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$ 0.
c **Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► [signature] Title ► CPA Date ► 02/14/14

State of Missouri

Jason Kander
Secretary of State

CERTIFICATE OF AMENDMENT
OF A
MISSOURI NONPROFIT CORPORATION

WHEREAS,

Northwest Missouri Area Agency on Aging
N00014331

Formerly,

NORTHWEST MISSOURI AREA AGING AGENCY

a corporation organized under The Missouri Nonprofit Corporation Law has delivered to me its Articles of Amendment of its Articles of Incorporation and has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation under The Missouri Nonprofit Corporation Law, and that the Articles of Incorporation of said corporation are amended in accordance therewith

IN TESTIMONY WHEREOF, I hereunto
set my hand and cause to be affixed the
GREAT SEAL of the State of Missouri
Done at the City of Jefferson, this
4th day of February, 2014

Jason Kander

Secretary of State

State of Missouri

Jason Kander, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

File Number:
N00014331
Date Filed: 02/04/2014
Jason Kander
Secretary of State

Articles of Amendment for a Nonprofit Corporation

(Submit with filing fee of $10 00)

The undersigned corporation, for the purpose of amending its articles of incorporation, hereby executes the following articles of amendment:

1. The name of corporation is: Northwest Missouri Area Aging Agency (*Name*) N00014331 (*Charter Number*)

2. The amendment was adopted on 1/27/14 (*month/day/year*) and changed article(s) 1 to state as follows:

   Change the name to Northwest Missouri Area Agency on Aging

3. If approval of members was not required, and the amendment(s) was approved by a sufficient vote of the board of directors or incorporators, check here and skip to number (5): ☐

4. If approval by members was required, check here and provide the following information: ☒
   A. Number of memberships outstanding:
   B. Complete either C or D:
   C. Number of votes for and against the amendments(s) by class was:

Class	Number entitled to vote	Number voting for	Number voting against
____	9	9	0
____			
____			

   D. Number of undisputed votes cast for the amendment(s) was sufficient for approval, and was.

Class:	Number Voting undisputed:
____	
____	
____	

   The number of votes cast in favor of the amendment(s) by each class was sufficient for approval by that class

5 If approval of the amendment(s) by some person(s) other than the members, the board or the incorporators was required pursuant to section 355.606, check here to indicate that approval was obtained: ☐

In Affirmation thereof, the facts stated above are true and correct:
(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

John Murphy — JOHN Murphy — CHAIRMAN — 1/27/14
Authorized signature of officer or chairman of the board — *Printed Name* — *Title* — *Date*

Name and address to return filed document:

Name. Northwest Missouri Area Agency on Aging

Address: PO Box 265

City, State, and Zip Code: Albany, MO 64402

State of Missouri
Amend/Restate - NonProfit 1 Page(s)

T1403602191

BY-LAWS

OF

NORTHWEST MISSOURI AREA AGENCY ON AGING, INC.

ARTICLE I

NAME AND PURPOSE

Section I. Name: The name of the organization shall be Northwest Missouri Area Agency on Aging, Incorporated.

Section II. Purpose: The purpose of this organization shall be to establish priorities and develop overall plans for programs for the aging population, including those with disabilities, in the Service Delivery Area (SDA). The SDA is hereby defined as the following counties in Northwest Missouri: Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan and Worth. The organization shall be non-profit in nature and not for pecuniary gain or profit of any type or description to or for its members, nor for its incorporators or directors. The organization shall endeavor to formulate and initiate concrete, action-oriented plans and programs to meet the priority needs of the target populations.

ARTICLE II

BOARD OF DIRECTORS

Section I. General Powers: The business and affairs of the corporation shall be managed by its Board of Directors. The Chairperson shall be the Chief Executive Officer of the Northwest Missouri Area Agency on Aging, Inc.

Section II. Composition: The number of Directors constituting the Board of Directors shall be fixed from time to time by the Board of Directors, but shall be no less than nine (9) and no more than twelve (12).

The nine core members shall be seated as follows. Nine representatives shall be elected, three from each of the Board established three regions. Each region shall also elect an alternate. In addition, up to three additional representatives may be appointed by a majority of the Board to fulfill an area of need as determined by the Board. At least two-thirds (2/3) of the representatives shall be (60) years of age or older All representatives elected or appointed to the Board of Directors, with the exception of an appointed Treasurer, will have full voting privileges in all matters, except as outlined in the conflict of interest section. The Northwest Missouri Area Agency on Aging is prohibited from discriminating on the basis of race, color, national origin, sex or disability,

Section III. Term: Each representative on the Board of Directors, elected and appointed, shall serve a three year term. Election procedures shall make provisions for rotation of members to ensure continual experience on the Board of Directors. No representative may serve more than three (3) consecutive terms. If a partial term is more than half a term, it shall be counted as a term against the three term limit. If a partial term is less than half a term, it shall not be counted against the three term limit.

Section IV. Elections: Elections of the Board of Directors shall be held throughout each of the three regions. The Board of Directors shall develop policies and procedures defining the process. Procedures developed will ensure that elections are open to all residents of the Service Delivery Areas who are sixty (60) years of age or over.

Section V. Officers: The officers of the Board of Directors shall consist of a Chairperson, a Vice-Chairperson, a Secretary, a Treasurer, and a Recording Secretary. The Chairperson, Vice-Chairperson and Secretary shall be elected by the full membership of the Board. The Board of Directors may determine for their convenience to appoint non-members of the Board of Directors to the offices of Recording Secretary and Treasurer. If either or both offices are filled with non-members of the Board of Directors, those officers may participate in a non-voting, advisory capacity only. Election of officers shall take place at the regular monthly meeting prior to the end of the fiscal year. All Board members are eligible to hold offices. The term of office shall be for two (2) years. No Board member may be elected to serve more than two (2) consecutive terms in any given office. Job descriptions shall be developed by the Board of Directors and be included in the orientation packets for new members.

Section VI. Committees: The Chairperson shall appoint, at a minimum, the following committees:

a. Governance Committee
b. Compensation Committee
c. Audit Committee (when a qualified financial expert can be identified)

The Executive committee will consist of the elected Board officers. Task force committees shall be appointed by the Chairperson as needed and be limited to the task assigned.

Descriptions of committees and their functions will be developed for each committee by the Board of Directors.

Section VII. Vacancies: Any vacancy of the Board of Directors shall be filled by appointment by the Board of Directors. The Board shall accept nominations from the respective regional council, local providers, other local agencies or NW MO Area Agency on Aging Board Members in which the vacancy occurs, to finish the unexpired term. A member may be removed from the Board of Directors after three (3) consecutive absences from regular meetings without acceptable excuse, by action of the remainder of the Board of Directors.

Section VIII. Compensation: The Board of Directors may not compensate directors for their services as such, but may provide for the payment of any and all expenses incurred by the Directors in the performance of their duties.

ARTICLE III

MEETINGS OF THE DIRECTORS

Section I. Regular Meetings: Meetings shall be held monthly at a time and place set forth by the Board of Directors. All meetings, including Special Meetings, shall comply with the Missouri Sunshine Laws.

Section II. Special Meetings: Special meetings of the Board of Directors may be called at any time by the Chairperson, by action of the Board of Directors or on the written request of any four (4) members of the Board for any stated purpose. The time and place of such special meeting will be determined by the Chairperson. Notice in writing by U.S. mail will be given of any special meeting called, to include the purpose of the meeting and the time and place of the meeting. Business of the special meeting will be limited to the purpose stated in the "Notice of Special Meeting" and will comply with the Missouri Sunshine Laws.

Section III. Meeting Notices: Notice of any meeting of the Board of Directors shall comply with the Missouri Sunshine Law.

Section IV. Quorum/Voting: A majority of board members constitutes a quorum. In the absence of a quorum, no formal action shall be taken except to adjourn the meeting to a subsequent date. Passage of a motion requires a simple majority of the members present.

Section V. Parliamentary Procedures: When any parliamentary procedures are not provided for otherwise, Robert's Rules of Order shall prevail.

ARTICLE IV

CONTRACTS, LOANS, CHECKS, DEPOSITS AND GIFTS

Section I. Contracts: Upon approval and authorization by the Board of Directors in a legally scheduled board meeting, any officer or the Executive Director may sign on behalf of the organization.

Section II. Loans: No loans shall be contracted on behalf of the corporation and no evidences of indebtedness shall be issued in its name unless properly authorized by the Board of Directors during a legally scheduled board meeting.

Section III. Checks and Drafts: All checks, drafts or other orders for the payment of money issued in the name of the corporation shall require two (2) signatures as determined by the Board of Directors.

Section IV. Deposits: All funds of the corporation shall be deposited in interest bearing accounts (when possible) and conform to FDIC regulations.

Section V. Gifts: The Board of Directors may accept, on behalf of the corporation, any contribution, gift, bequest or devise for the general purpose or for any special purposes of the corporation.

ARTICLE V

GENERAL PROVISIONS

Section I. Fiscal Year: The fiscal year of the Northwest Missouri Area Agency on Aging, Inc. shall commence on the first day of July and shall end on the last day of June of the following year.

Section II. Conflict of Interest and Independence: The Board of Directors shall not retain as a member, alternate member or ex-officio member, any individual who is an owner, board member, or employee of a service provider agency that has submitted a proposal to the Northwest Missouri Area Agency on Aging, Inc. to receive funding to provide services, or that is currently providing services under a grant, contract or stipend with the Northwest Missouri Area Agency on Aging. Any member of the board who has any other financial, personal or official interest in, or conflict (including appearance of a conflict) with any matter pending before the Board of such nature that it prevents or may prevent that member from acting on the matter in an impartial manner, will offer to the Board to voluntarily excuse him/herself and will vacate his/her seat and refrain from discussion and voting on said item. All board members shall abide by the organization's Conflict of Interest policy and other governance policies in regard to conflict and independence.

All representatives shall be independent as defined by the Internal Revenue Service Code. Individuals who have been convicted of crimes directly related to breaches of fiduciary duty in their service as an employee or a board member of a charitable organization are barred from serving on the Northwest Missouri Area Agency on Aging for five years following their conviction or removal. In addition, the Board of Directors shall develop and adopt good governance practices to include, but not be limited to: a Conflict of Interest, Code of Ethics, Due Diligence, Duty of Loyalty and Transparency.

Section III. Indemnification and bonding: Directors, officers, employees and agents of the Northwest Missouri Area Agency on Aging, Inc. shall have a right to be indemnified by the corporation to the fullest extent permitted by law against a) reasonable expenses, including attorneys' fees, actually and necessarily incurred by him/her in connection with any threatened pending or completed action, suit, or proceedings, whether civil, criminal, administrative, or investigative and liable by reason of the fact that he/she is or was acting in that capacity and b) reasonable payments made by him/her in satisfaction of any judgment, money decree, fine, penalty or settlement for which he/she may have become liable in any such action, suit, or proceeding.

To this end, the Board of Directors shall purchase and maintain insurance/ bonding on behalf of directors, officers, employees and agents of the corporation to ensure coverage and payment..

Section IV. Amendments: The by-laws may be amended or repealed and new by-laws adopted upon two-thirds (2/3) vote of the full membership of the Board of Directors at any regular or special meeting. A thirty (30) day notice of intent to amend, repeal or adopt new by-laws shall be provided by the Board of Directors. The notice shall include a complete copy of the proposed changes and a list of Board of Director members.

ARTICLE VI

ADOPTION

The within and foregoing by-laws were adopted/amended by the Northwest Missouri Area Agency on Aging, Inc. Board of Directors at its meeting on the: 7/16/12 and will be effective 9/17/12.

Signed: _____, CHAIRPERSON

_____, SECRETARY

Attested by the following board members:

_____

Zola Steinman

_____

_____

_____

_____

_____