

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning Jul 1, 2011, and ending Jun 30, 2012.

2011

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

Name of exempt organization

Employer identification number

NORTHEAST MISSOURI AREA AGENCY ON AGING

43-0995687

Name and title of officer

Pam Windtberg Executive director

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

- 1 a Form 990 check here . . . ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1 b 3,387,331.
- 2 a Form 990-EZ check here . . . ▶ b Total revenue, if any (Form 990-EZ, line 9) 2 b _____
- 3 a Form 1120-POL check here . . . ▶ b Total tax (Form 1120-POL, line 22) 3 b _____
- 4 a Form 990-PF check here . . . ▶ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4 b _____
- 5 a Form 8868 check here . . . ▶ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5 b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Pamela Windtberg Date ▶ 2/13/2013

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN 43618420686
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Ted Espey Date ▶ 02/12/2013

**ERO Must Retain This Form -- See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8879-EO (2011)

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)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning Jul 1, 2011, and ending Jun 30, 2012

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

C Name of organization **NORTHEAST MISSOURI AREA AGENCY ON AGING**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
815 NORTH OSTEOPATHY STREET
 City, town or country State ZIP code + 4
KIRKSVILLE MO 63501

D Employer Identification Number
43-0995687

E Telephone number
(660) 665-4682

F Name and address of principal officer:
PAMWINDTBERG 815 NORTH OSTEOPATHY KIRKSVILLE MO 63501

G Gross receipts **\$ 3,387,331.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **http://www.nemoaaa.com/**

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation: **1973** **M** State of legal domicile: **MO**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Services for Older Americans</u> <u>The mission of the Organization is to help older adults maintain</u> <u>maximum independence and dignity in a home environment.</u>		
	2 Check this box <input type="checkbox"/> 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	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	12
	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		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 3,268,582.	Current Year 3,382,741.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,045.	4,590.
	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)	3,273,627.	3,387,331.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,969,799.	3,090,028.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	192,094.	187,368.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	119,439.	111,487.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,281,332.	3,388,883.	
19 Revenue less expenses. Subtract line 18 from line 12	-7,705.	-1,552.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 568,562.	End of Year 616,172.
	21 Total liabilities (Part X, line 26)	397,045.	446,207.
	22 Net assets or fund balances. Subtract line 21 from line 20	171,517.	169,965.

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: **Pam Windtberg** Date: **02/13/13**
 Type or print name and title: **Executive director**

Paid Preparer Use Only

Print/Type preparer's name: **Ted Espey** Preparer's signature: _____ Date: **02/13/13**
 Check if self-employed PTIN: **P00421829**

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

Services for Older Americans

The mission of the Organization is to help older adults maintain maximum independence and dignity in a home environment.

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 [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the 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 \$ 621,725. including grants of \$ 590,557.) (Revenue \$ 0.)

Supportive services: to provide information, legal, transportation and in-home services; and to support senior centers and flood relief

4b (Code:) (Expenses \$ 2,249,092. including grants of \$ 2,244,076.) (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 \$ 321,655. including grants of \$ 255,395.) (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 3,192,472.