

**MARSH, ESPEY & RIGGS P.C.**  
**101 W EDWARDS ST**  
**MARYVILLE, MO 64468-2468**  
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October 28, 2008

NORTHEAST MISSOURI AREA AGENCY ON AGING  
815 NORTH OSTEOPATHY STREET,  
KIRKSVILLE, MO 63501

Dear Pam,

Enclosed is the 2007 U.S. Form 990, Return of Organization Exempt from Income Tax, for NORTHEAST MISSOURI AREA AGENCY ON AGING.

The return should be signed and dated by an authorized officer or fiduciary and mailed on or before November 17, 2008 to:

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

TED ESPEY

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: NORTHEAST MISSOURI AREA AGENCY ON AGING, 815 NORTH OSTEOPATHY STREET, KIRKSVILLE MO 63501

D Employer Identification Number: 43-0995687, E Telephone number: (660) 665-4682, F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H (a) Is this a group return for affiliates? No, H (b) If 'Yes,' enter number of affiliates, H (c) Are all affiliates included?, H (d) Is this a separate return filed by an organization covered by a group ruling? No, I Group Exemption Number, M Check if the organization is not required to attach Schedule B

G Web site: http://www.nemoaaa.com/

J Organization type: 501(c) 3

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 3,227,606.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, Amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See *instruct.*)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
<b>22b</b> Other grants and allocations (att sch) (cash \$ <u>2,950,538.</u> non-cash \$ <u>0.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	2,950,538.	2,950,538.		
<b>23</b> Specific assistance to individuals (attach schedule) . . . . . See Ln.	23	46,997.	46,997.		
<b>24</b> Benefits paid to or for members (attach schedule) . . . . .	24	0.	0.		
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A . . . . . See L.-25a Stmt	25a	64,094.	12,589.	51,505.	0.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B . . . . .	25b	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	25c	0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c . . . . .	26	58,979.	4,697.	54,282.	0.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c . . . . .	27	6,993.	0.	6,993.	0.
<b>28</b> Employee benefits not included on lines 25a - 27 . . . . .	28	0.	0.	0.	0.
<b>29</b> Payroll taxes . . . . .	29	9,375.	1,295.	8,080.	0.
<b>30</b> Professional fundraising fees . . . . .	30	0.	0.	0.	0.
<b>31</b> Accounting fees . . . . .	31	0.	0.	0.	0.
<b>32</b> Legal fees . . . . .	32	0.	0.	0.	0.
<b>33</b> Supplies . . . . .	33	42,355.	25,325.	17,030.	0.
<b>34</b> Telephone . . . . .	34	3,836.	786.	3,050.	0.
<b>35</b> Postage and shipping . . . . .	35	2,528.	518.	2,010.	0.
<b>36</b> Occupancy . . . . .	36	5,520.	1,132.	4,388.	0.
<b>37</b> Equipment rental and maintenance . . . . .	37	4,458.	1,566.	2,892.	0.
<b>38</b> Printing and publications . . . . .	38				
<b>39</b> Travel . . . . .	39	24,186.	0.	24,186.	0.
<b>40</b> Conferences, conventions, and meetings . . . . .	40				
<b>41</b> Interest . . . . .	41				
<b>42</b> Depreciation, depletion, etc (attach schedule) . . . . .	42	2,503.	0.	2,503.	0.
<b>43</b> Other expenses not covered above (itemize):					
<b>a Insurance</b> . . . . .	43a	3,580.	0.	3,580.	0.
<b>b Memberships</b> . . . . .	43b	500.	0.	500.	0.
<b>c Subscriptions</b> . . . . .	43c	1,339.	0.	1,339.	0.
<b>d Contract dietitian</b> . . . . .	43d	566.	0.	566.	0.
<b>e Miscellaneous</b> . . . . .	43e	803.	0.	803.	0.
<b>f Training</b> . . . . .	43f	138.	28.	110.	0.
<b>g Consultants</b> . . . . .	43g	846.	0.	846.	0.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) . . . . .	44	3,230,134.	3,045,471.	184,663.	0.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ <u>Services for Older Americans</u> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Supportive services: to provide information, legal, transportation and in-home services; and to support senior centers and flood relief</u> ----- ----- (Grants and allocations \$ <u>646,792.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	675,663.
b <u>Congregate and home delivered nutrition program: To provide nutritious meals to senior citizens at meal sites and to senior citizens who are home bound</u> ----- ----- (Grants and allocations \$ <u>2,154,434.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	2,159,739.
c <u>Frail-elderly; elder abuse and other services: To provide in-home respite care for senior citizens and other related services</u> ----- ----- (Grants and allocations \$ <u>149,312.</u> ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	210,069.
d ----- ----- ----- (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services ..... (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ..... ▶	<b>3,045,471.</b>

BAA

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>ASSETS</b>	<b>45</b> Cash — non-interest-bearing .....	30.	<b>45</b>	60.
	<b>46</b> Savings and temporary cash investments .....	266,655.	<b>46</b>	313,272.
	<b>47a</b> Accounts receivable .....	<b>47a</b> 97,338.		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>47b</b>	98,845.	<b>47c</b> 97,338.
	<b>48a</b> Pledges receivable .....	<b>48a</b>		<b>48c</b>
	<b>b</b> Less: allowance for doubtful accounts .....	<b>48b</b>		
	<b>49</b> Grants receivable .....	129,674.	<b>49</b>	65,741.
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) .....		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) .....	<b>51a</b>		
	<b>b</b> Less: allowance for doubtful accounts .....	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use .....		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....	3,568.	<b>53</b>	2,030.
	<b>54a</b> Investments — publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54a</b>	
	<b>b</b> Investments — other securities (attach sch) .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54b</b>	
	<b>55a</b> Investments — land, buildings, & equipment: basis .....	<b>55a</b>		
	<b>b</b> Less: accumulated depreciation (attach schedule) .....	<b>55b</b>		<b>55c</b>
	<b>56</b> Investments — other (attach schedule) .....		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis .....	<b>57a</b> 104,140.		
<b>b</b> Less: accumulated depreciation (attach schedule) <u>L-57 Stmt</u> .....	<b>57b</b> 21,820.	84,823.	<b>57c</b> 82,320.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> .....		<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	583,595.	<b>59</b>	560,761.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses .....	338,701.	<b>60</b>	337,267.
	<b>61</b> Grants payable .....		<b>61</b>	
	<b>62</b> Deferred revenue .....		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> <u>See Line 65 Stmt</u> .....	61,907.	<b>65</b>	43,035.
<b>66 Total liabilities.</b> Add lines 60 through 65 .....	400,608.	<b>66</b>	380,302.	
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted .....	182,987.	<b>67</b>	180,459.
	<b>68</b> Temporarily restricted .....		<b>68</b>	
	<b>69</b> Permanently restricted .....		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>	
<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 <b>or</b> lines 70 through 72. (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) .....	182,987.	<b>73</b>	180,459.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	583,595.	<b>74</b>	560,761.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements .....	<b>a</b>	5,241,517.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
	1 Net unrealized gains on investments .....	<b>b1</b>	
	2 Donated services and use of facilities .....	<b>b2</b>	
	3 Recoveries of prior year grants .....	<b>b3</b>	
	4 Other (specify): <u>see attached</u> .....	<b>b4</b>	2,013,911.
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	2,013,911.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	3,227,606.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	3,227,606.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements .....	<b>a</b>	5,244,045.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
	1 Donated services and use of facilities .....	<b>b1</b>	
	2 Prior year adjustments reported on Part I, line 20 .....	<b>b2</b>	
	3 Losses reported on Part I, line 20 .....	<b>b3</b>	
	4 Other (specify): <u>see attached</u> .....	<b>b4</b>	2,013,911.
	Add lines <b>b1</b> through <b>b4</b> .....	<b>b</b>	2,013,911.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> .....	<b>c</b>	3,230,134.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
	1 Investment expenses not included on Part I, line 6b .....	<b>d1</b>	
	2 Other (specify): .....	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> .....	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b> .....	<b>e</b>	3,230,134.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Pam Windtberg 815 North Osteopathy St Kirksville, MO 63501	Executive director 40.00	55,734.	8,360.	0.
John W Metzger 30 Heritage Lane Troy MO 63379	President 2.00	0.	0.	0.
Wanda Smith 1220 Woody Moberly MO 65270	Vice President 1.00	0.	0.	0.
Vera L Monroe 330 Grand Ave Memphis, MO 63555	Treasurer 1.00	0.	0.	0.
Wilma Stevens 57910 Dow Trail Hannibal MO 63401	Secretary 1.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ... <b>▶ 16</b>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s) .....	<b>75b</b>	<input checked="" type="checkbox"/>
<b>c</b> Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' .....	<b>75c</b>	<input checked="" type="checkbox"/>
If 'Yes,' attach a statement that includes the information described in the instructions.		
<b>d</b> Does the organization have a written conflict of interest policy? .....	<b>75d</b>	<input checked="" type="checkbox"/>

<b>Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits</b> (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
<u>None</u> .....				
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<b>Part VI Other Information</b> <i>(See the instructions.)</i>	Yes	No
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change .....	<b>76</b>	<input checked="" type="checkbox"/>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? .....	<b>77</b>	<input checked="" type="checkbox"/>
If 'Yes,' attach a conformed copy of the changes.		
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	<b>78a</b>	<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement .....	<b>79</b>	<input checked="" type="checkbox"/>
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization? .....	<b>80a</b>	<input checked="" type="checkbox"/>
<b>b</b> If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions.) .....	<b>81a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? .....	<b>81b</b>	<input checked="" type="checkbox"/>

**Part VI Other Information (continued)**

		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	X	
<b>b</b>	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
<b>82b</b>			
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	X	
<b>83b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	X	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....		X
<b>84b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>85a</b>	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? .....	N/A	
<b>85b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	N/A	
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>85c</b>	Dues, assessments, and similar amounts from members .....	N/A	
<b>85d</b>	Section 162(e) lobbying and political expenditures .....	N/A	
<b>85e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	N/A	
<b>85f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	N/A	
<b>85g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	N/A	
<b>85h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	N/A	
<b>86</b>	501(c)(7) organizations. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....		
<b>86a</b>		N/A	
<b>86b</b>	Gross receipts, included on line 12, for public use of club facilities .....	N/A	
<b>87</b>	501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders .....		
<b>87a</b>		N/A	
<b>87b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	N/A	
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX .....		X
<b>88b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI .....		X
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
<b>89b</b>	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction .....		X
<b>89c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....	0.	
<b>89d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		
<b>89e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....		X
<b>89f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....		X
<b>89g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	N/A	
<b>90a</b>	List the states with which a copy of this return is filed ▶ .....		
<b>90b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) .....		3
<b>91a</b>	The books are in care of ▶ <b>Marilyn Riley</b> Telephone number ▶ (660) 665-4682 Located at ▶ <b>815 NORTH OSTEOPATHY, KIRKSVILLE MO</b> ZIP + 4 ▶ <b>63501</b>		
<b>91b</b>	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)? .....		X
	If 'Yes,' enter the name of the foreign country ▶ .....		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		



**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?  91 c   X

If 'Yes,' enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here  ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings & temporary cash invmnts			14	14,355.	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
<b>98</b> Net rental income or (loss) from pers prop					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))				14,355.	
<b>105 Total</b> (add line 104, columns (B), (D), and (E))					14,355.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	N/A	
	Yes	No
<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

	Yes		No	
	Yes	No		
<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity .....				

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
<b>Totals</b>				

	Yes		No	
<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? .....				

<b>Please Sign Here</b>	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.			
	▶ _____ Signature of officer	_____ Date		
	▶ _____ Type or print name and title.			

<b>Paid Preparer's Use Only</b>	Preparer's signature ▶ _____	Date 10/28/08	Check if self-employed ▶ <input type="checkbox"/>	Preparer's SSN or PTIN (See General Instruction X)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ <u>MARSH, ESPEY &amp; RIGGS P.C.</u> <u>101 W EDWARDS ST</u> <u>MARYVILLE MO 64468-2468</u>	EIN ▶ _____	Phone no. ▶ <u>(660) 582-3181</u>	

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

**(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust**

**Supplementary Information — (See separate instructions.)**

**▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No. 1545-0047

**2007**

Name of the organization <b>NORTHEAST MISSOURI AREA AGENCY ON AGING</b>	Employer identification number <b>43-0995687</b>
--	---

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	None			

**Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	None	

**Part II – B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	None	

<b>Part III</b> <b>Statements About Activities</b> (See instructions.)	<b>Yes</b>	<b>No</b>
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . . . . . ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	<b>1</b>	<b>X</b>
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property? . . . . .	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit? . . . . .	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities? . . . . .	<b>2c</b>	<b>X</b>
<b>See Part V, Form 990</b>		
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets? . . . . .	<b>2e</b>	<b>X</b>
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .	<b>3a</b>	<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees? . . . . .	<b>3b</b>	<b>X</b>
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . .	<b>3c</b>	<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	<b>3d</b>	<b>X</b>
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . . . .	<b>4a</b>	<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>4b</b>	
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>4c</b>	
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year . . . . . ▶ _____		
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ▶ _____		
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ _____		<b>0</b>
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶ _____		<b>0.</b>

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶  
 Type I     Type II     Type III-Functionally Integrated     Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	3,223,863.	3,070,916.	2,983,696.	2,983,243.	12,261,718.
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose . . . . .	0.	0.	0.	35,070.	35,070.
<b>18</b> Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	14,357.	10,220.	4,557.	4,854.	33,988.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					
<b>23</b> Total of lines 15 through 22 . . . . .	3,238,220.	3,081,136.	2,988,253.	3,023,167.	12,330,776.
<b>24</b> Line 23 minus line 17 . . . . .	3,238,220.	3,081,136.	2,988,253.	2,988,097.	12,295,706.
<b>25</b> Enter 1% of line 23 . . . . .	32,382.	30,811.	29,883.	30,232.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶					<b>26a</b> 245,914.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . . . . ▶					<b>26b</b>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b> 12,295,706.
d Add: Amounts from column (e) for lines: 18 <u>33,988.</u> 19 _____ 22 _____ 26b _____ . . . . . ▶					<b>26d</b> 33,988.
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b> 12,261,718.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					<b>26f</b> 99.72 %
<b>27 Organizations described on line 12:</b>					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					<b>27c</b>
d Add: Line 27a total _____ and line 27b total _____ . . . . . ▶					<b>27d</b>
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶					<b>27f</b>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27g</b> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶					<b>27h</b> %
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
	a Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
	d Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
	a Students' rights or privileges? .....		
	b Admissions policies? .....		
	c Employment of faculty or administrative staff? .....		
	d Scholarships or other financial assistance? .....		
	e Educational policies? .....		
	f Use of facilities? .....		
	g Athletic programs? .....		
	h Other extracurricular activities? .....		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
	b Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation. ....		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked 'a' and 'limited control' provisions apply.

**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for <b>all</b> electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table —			
<b>If the amount on line 40 is —</b>	<b>The lobbying nontaxable amount is —</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4 -Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots non-taxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers .....		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....		X	
<b>c</b> Media advertisements .....		X	0.
<b>d</b> Mailings to members, legislators, or the public .....		X	0.
<b>e</b> Publications, or published or broadcast statements .....		X	0.
<b>f</b> Grants to other organizations for lobbying purposes .....		X	0.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....		X	0.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....		X	0.
<b>i</b> Total lobbying expenditures (add lines <b>c</b> through <b>h</b> .) .....			0.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.





**Depreciation and Amortization  
(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**NORTHEAST MISSOURI AREA AGENCY ON AGING**

Identifying number

**43-0995687**

Business or activity to which this form relates

**Form 990 / Form 990EZ**

**Part I Election To Expense Certain Property Under Section 179**

*Note: If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions)

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	2,503.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B — Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C — Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary** (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	2,503.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? . . . . .		<b>Yes</b>	<b>No</b>	<b>24b</b> If 'Yes,' is the evidence written? . . . . .		<b>Yes</b>	<b>No</b>	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
<b>27</b> Property used 50% or less in a qualified business use:								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .							<b>29</b>	

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles) . . . . .												
<b>31</b> Total commuting miles driven during the year . . . . .												
<b>32</b> Total other personal (noncommuting) miles driven . . . . .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .												
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
<b>36</b> Is another vehicle available for personal use? . . . . .												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	<b>Yes</b>	<b>No</b>
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2007 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2007 tax year . . . . .					<b>43</b>
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

Name as Shown on Return  
NORTHEAST MISSOURI AREA AGENCY ON AGING

Employer Identification No.  
43-0995687

**Compensation**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Pam Windtberg	<input type="checkbox"/>	55,734.	10,947.	44,787.	0.
John W Metzger	<input type="checkbox"/>	0.			
Wanda Smith	<input type="checkbox"/>	0.			
Vera L Monroe	<input type="checkbox"/>	0.			
See Compensation					
Total Compensation Received .....		55,734.	10,947.	44,787.	0.

**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Pam Windtberg	<input type="checkbox"/>	8,360.	1,642.	6,718.	0.
John W Metzger	<input type="checkbox"/>	0.			
Wanda Smith	<input type="checkbox"/>	0.			
Vera L Monroe	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans .....		8,360.	1,642.	6,718.	0.

**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Pam Windtberg	<input type="checkbox"/>	0.			
John W Metzger	<input type="checkbox"/>	0.			
Wanda Smith	<input type="checkbox"/>	0.			
Vera L Monroe	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances .....		0.			
Total to Part II, Line 25a ... ▶		64,094.	12,589.	51,505.	0.

Form 990, Page 5, Part V-A

**List of Officers, Directors, Trustees, & Key Employees Statement**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> L.P. Mayfield Rt 1, Box 185 Baring, MO 63531	Director 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Audrea Lyons 16 Leisure Drive Kirksville MO 63501	Director 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Jim Boettcher 204 W Jackson Palmyra, MO 63461	Director 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Kathleen Hall 30903 Monroe RD 219 Shelbina, MO 63468	Director 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Donnie Wagers 751 N Walnut Kahoka MO 63445	Director 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Cheryl Mihalevich 218 E Shelbina Ave Shelbina, MO 63468	Director 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Bernice Reagan 521 S Walker Montgomery City, MO 63361	Director 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Bob Greer 708 Canterbury Dr Warrenton, MO 63383	Director 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Twila Anderson PO Box 447 Lancaster MO 63548	Director 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ..... <input checked="" type="checkbox"/> Sue Johnson 410 N 10th Canton, MO 63535	Director 1.00	0.	0.	0.

Form 990, Page 2, Part II, Line 23

**Specific Assistance to Individuals**

Line 23 - Specific Assistance to Individuals: Class of Activity	Total Amount	Program Services Amount
Medicine organizers for senior citizens	33,434.	33,434.
Heat assistance equip-air conditoner units&dehumidifiers	10,064.	10,064.
Emergency kits for senior citizens	3,450.	3,450.
Medical trip vouchers for senior citizens	49.	49.
<b>Total</b>	<u><u>46,997.</u></u>	<u><u>46,997.</u></u>

Form 990, Part II, Line 25a

**Compensation**

Compensation					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Wilma Stevens		0.			
L.P. Mayfield		0.			
Audrea Lyons		0.			
Jim Boettcher		0.			
Kathleen Hall		0.			
Donnie Wagers		0.			
Cheryl Mihalevich		0.			
Bernice Reagan		0.			
Bob Greer		0.			
Twila Anderson		0.			
Sue Johnson		0.			
<b>Total</b>		<u><u>0.</u></u>			

Form 990, Part II, Line 25a

**Employee Benefit Plans & Deferred Compensation Plans**

Contributions to Employee Benefit Plans & Deferred Compensation Plans					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Wilma Stevens		0.			
L.P. Mayfield		0.			
Audrea Lyons		0.			
Jim Boettcher		0.			
Kathleen Hall		0.			
Donnie Wagers		0.			
Cheryl Mihalevich		0.			
Bernice Reagan		0.			
Bob Greer		0.			
Twila Anderson		0.			

Form 990, Part II, Line 25a

Continued

**Employee Benefit Plans & Deferred Compensation Plans**

**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Sue Johnson	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Part II, Line 25a

**Expense Account and Other Allowances**

**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Wilma Stevens	<input type="checkbox"/>	0.			
L.P. Mayfield	<input type="checkbox"/>	0.			
Audrea Lyons	<input type="checkbox"/>	0.			
Jim Boettcher	<input type="checkbox"/>	0.			
Kathleen Hall	<input type="checkbox"/>	0.			
Donnie Wagers	<input type="checkbox"/>	0.			
Cheryl Mihalevich	<input type="checkbox"/>	0.			
Bernice Reagan	<input type="checkbox"/>	0.			
Bob Greer	<input type="checkbox"/>	0.			
Twila Anderson	<input type="checkbox"/>	0.			
Sue Johnson	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Page 4, Part IV, Lines 57a & 57b

**Land, Buildings and Equipment Statement**

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Buildings, land and improvements	104,140.	21,820.	82,320.
Total	<u>104,140.</u>	<u>21,820.</u>	<u>82,320.</u>

Form 990, Page 4, Part IV, Line 65

**Other Liabilities Statement**

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Refundable advances - grants	61,907.	43,035.

Form 990, Page 4, Part IV, Line 65

Continued

**Other Liabilities Statement**

<b>Line 65 - Other Liabilities:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
Total	<u>61,907.</u>	<u>43,035.</u>



**Supporting Statement of:**

Form 990 p 1/Line 1d

Description	Amount
Missouri Dept of Health and Senior Services	2,531,926.
Missouri Dept of Social Services	3,535.
Missouri Depr of Transportation	102,104.
Missouri Division of Medical Services	570,599.
Office of Attorney General, State of Mo	3,837.
US Dept of HHS-Passed thru Care Connections	1,250.
Total	<u>3,213,251.</u>

**Supporting Statement of:**

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
Program income and cash match reported per audited financial statements that are generated and expended by organizations that are recipients of awards from the Area Agency	2,013,911.
Total	<u>2,013,911.</u>

**Supporting Statement of:**

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
Program income and cash match reported per audited financial statements that are generated and expended by organizations that are recipients of awards from the Area Agency	2,013,911.
Total	<u>2,013,911.</u>

Additional Information For Tax Return

NORTHEAST MISSOURI AREA AGENCY ON AGING

43-0995687

Form 990 p 1: Line 15 \_\_\_\_\_

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 Northeast Missouri. The Organization receives funds under Title III and other Titles of the Older Americans Act (OAA), as amended, and such 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 does not conduct any fundraising activities.