

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning **10/01/09**, and ending **09/30/10**

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

C Name of organization **CENTRAL MASSACHUSETTS AGENCY ON AGING, INC.**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
360 WEST BOYLSTON STREET

City or town, state or country, and ZIP + 4
WEST BOYLSTON MA 01583

D Employer identification number
04-2547633

E Telephone number
508-852-5539

G Gross receipts\$ **3,244,673**

F Name and address of principal officer:
ROBERT P. DWYER
360 WEST BOYLSTON STREET
WEST BOYLSTON MA 01583

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**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.SENIORCONNECTION.ORG**

H(c) Group exemption number ▶

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1974** **M** State of legal domicile: **MA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION'S MISSION IS TO PROVIDE LEADERSHIP, RESOURCES, COORDINATION OF SERVICES, AND ADVOCACY FOR ELDERLY PEOPLE AND THEIR FAMILIES/CAREGIVERS THROUGHOUT CENTRAL MASSACHUSETTS.		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of employees (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	36
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,223	4,492
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,838,879	3,233,034
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,537	2,295
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,849,639	3,244,673
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,380,250	2,730,332
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	377,743	420,141
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,807		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	92,521	99,097
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,850,514	3,249,570	
19 Revenue less expenses. Subtract line 18 from line 12	-875	-4,897	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	864,353	1,217,126
	22 Net assets or fund balances. Subtract line 21 from line 20	693,122	1,043,220
		171,231	173,906

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 **ROBERT P. DWYER** Date **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature **BRUCE D. NORLING CPA PC** Date **02/10/11** Check if self-employed Preparer's identifying number (see instructions) **P01012704**

Firm's name (or yours if self-employed), address, and ZIP + 4 **410 BOSTON POST RD STE 24 SUDBURY, MA 01776** EIN ▶ **04-3147371** Phone no. ▶ **978-443-9114**

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO PROVIDE LEADERSHIP, RESOURCES, COORDINATION OF SERVICES, AND ADVOCACY FOR ELDERLY PEOPLE AND THEIR FAMILIES/CAREGIVERS THROUGHOUT CENTRAL MASSACHUSETTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

4a (Code:) (Expenses \$ **2,841,751** including grants of \$ **2,730,332**) (Revenue \$)

THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE IS TO PROVIDE HOME CARE SERVICES FOR THE ELDERLY.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses **▶ 2,841,751**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> ● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. ● 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. ● 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. ● Did the organization report an amount for other assets related 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. ● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. ● 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? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		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, Part II		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, Part III		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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	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		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		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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 1		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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 11		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD BURKE PRESIDENT	2.00	X		X			0	0	0	
BRUCE LEGER VICE PRES.	2.00	X		X			0	0	0	
CHRISTOPHER GILLISSEN TREASURER	2.00	X		X			0	0	0	
DOROTHY WRIGHT CLERK	2.00	X		X			0	0	0	
LYNNE ALEXANDROWICZ DIRECTOR	1.00	X					0	0	0	
MARGARET BARRY DIRECTOR	1.00	X					0	0	0	
ERIC DUNPHY DIRECTOR	1.00	X					0	0	0	
NICHOLAS KALTSAS DIRECTOR	1.00	X					0	0	0	
ANNA MARIE MEOLA DIRECTOR	1.00	X					0	0	0	
EUGENE O'ROURKE DIRECTOR	1.00	X					0	0	0	
GLORIA CASTRIOTTA DIRECTOR	1.00	X					0	0	0	
JAMES LEARY DIRECTOR	1.00	X					0	0	0	
ROBERT P. DWYER CEO	38.00			X			63,077	0	2,748	
JANE J. WHEARLEY CFO	38.00			X			53,879	0	3,529	

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,492				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		4,492			
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Busn. Code	3,233,034	3,233,034		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		3,233,034			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,295		2,295	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Busn. Code					
11a FUNDRAISING		4,488	4,488			
b OTHER REVENUE		364	364			
c						
d All other revenue						
e Total. Add lines 11a-11d		4,852				
12 Total Revenue. See instructions.		3,244,673	3,237,886	0	2,295	

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,730,332	2,730,332		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	120,343		120,343	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	230,376	73,794	156,396	186
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,001	2,701	9,293	7
9 Other employee benefits	28,145	8,802	19,343	0
10 Payroll taxes	29,276	6,185	23,077	14
11 Fees for services (non-employees):				
a Management				
b Legal	900		900	
c Accounting	15,460	2,133	13,327	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other	1,866		1,866	
12 Advertising and promotion	706		706	
13 Office expenses	11,009	1,595	9,414	
14 Information technology				
15 Royalties				
16 Occupancy	26,515	9,158	17,357	
17 Travel	5,743	505	5,238	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,634		1,634	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,347		2,347	
23 Insurance	6,733	2,325	4,408	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS	9,948	995	8,953	
b EQUIPMENT RENTAL/MAINT	3,337	949	2,388	
c TELEPHONE	3,203	1,008	2,195	
d EQUIPMENT EXPENSE	2,884		2,884	
e REPAIRS & MAINTENANCE	1,800	622	1,178	
f All other expenses	5,012	647	2,765	1,600
25 Total functional expenses. Add lines 1 through 24f	3,249,570	2,841,751	406,012	1,807
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	135,593	1	188
	2	Savings and temporary cash investments		2	32,594
	3	Pledges and grants receivable, net	621,158	3	1,069,506
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	9,449	9	9,546
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	42,846		
	b	Less: accumulated depreciation	40,173	10c	2,673
	11	Investments—publicly traded securities	93,133	11	102,619
	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)	864,353	16	1,217,126	
Liabilities	17	Accounts payable and accrued expenses	100,360	17	72,694
	18	Grants payable	592,762	18	929,452
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	41,074
	26	Total liabilities. Add lines 17 through 25	693,122	26	1,043,220
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	170,306	27	173,906
	28	Temporarily restricted net assets	925	28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	171,231	33	173,906
34	Total liabilities and net assets/fund balances	864,353	34	1,217,126	

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,638	10,278	21,113	8,973	4,492	58,494
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,638	10,278	21,113	8,973	4,492	58,494
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						58,494

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	13,638	10,278	21,113	8,973	4,492	58,494
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,568	6,515	8,390	2,537	2,295	25,305
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						83,799
12 Gross receipts from related activities, etc. (see instructions)					12	14,676,738
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	69.80 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.09 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. 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—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: CENTRAL MASSACHUSETTS AGENCY ON AGING, INC. Employer identification number: 04-2547633

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Questions 1a-1b and 2 regarding collections of art, historical treasures, or other similar assets, including amounts for revenues and assets.

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 XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
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 XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 year end balance held as:

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Term endowment ▶ _____ %

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

	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 XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		42,846	40,173	2,673
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,673

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Name of the organization **CENTRAL MASSACHUSETTS AGENCY ON
AGING, INC.**

Employer identification number
04-2547633

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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
	CENTRAL MA HOUSING ALLIANCE 7-11 BELLEVUE ST WORCESTER MA 01609	04-2791448	3	54,400				ELDER HOME REPAIR
	CENTRO LAS AMERICAS 11 SYCAMORE ST WORCESTER MA 01608	04-2714991	3	25,306				LATINO ELDER OUTREAC
	JEWISH FAMILY SERVICE 646 SALISBURY ST WORCESTER MA 01609	04-2104350	3	48,660				GUARDIANSHIP
	LEGAL ASSISTANCE CORP OF CENTRAL MA 405 MAIN ST WORCESTER MA 01608	04-2446242	3	119,806				LEGAL ADVOCACY
	LEOMINSTER SPANISH AMERICAN CENTER 112 SPRUCE ST LEOMINSTER MA 01453	04-2761759	3	29,757				INFO & ASSISTANCE
	MAB COMMUNITY SERVICES 799 W.BOYLSTON ST WORCESTER MA 01606	04-2109859	3	9,765				VISION REHAB
	MONTACHUSETT OPPORTUNITY COUNCIL 133 PRICHARD ST FITCHBURG MA 01420	04-2401111	3	448,872				ELDERLY NUTRITION
	MONTACHUSETT OPPORTUNITY COUNCIL 133 PRICHARD ST FITCHBURG MA 01420	04-2401111	3	24,433				ELDER HOME REPAIR
	NEW ENGLAND HOMES FOR THE DEAF 154 WATER ST DANVERS MA 01923	04-2104760	3	7,000				SENIOR DROP IN CTR

- 2 Enter total number of section 501(c)(3) and government organizations ▶ 15
- 3 Enter total number of other organizations ▶ 1

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

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

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 FISCAL MONITORING - GRANTEEES SUBMIT MONTHLY FINANCIAL REPORTS WHICH DETAIL
 PROGRAM EXPENDITURES AND REVENUES. BACK-UP DOCUMENTATION ACCOMPANIES THE
 FINANCIAL REPORT. A SPREADSHEET IS MAINTAINED THAT RECORDS MONTHLY
 REQUESTS MADE BY GRANTEEES AND INSURES THAT GRANT REQUESTS DO NOT EXCEED
 TOTAL OBLIGATION. FISCAL ON-SITE MONITORING IS CONDUCTED ANNUALLY FOR ALL
 GRANTEEES. A RANDOM MONTH IS SELECTED FOR REVIEW BY THE FISCAL DIRECTOR AND
 ALL INVOICES OR BILLING DOCUMENTATION IS REVIEWED. PAYROLL RECORDS AND
 COST ALLOCATIONS ARE ALSO REVIEWED. FINDINGS ARE RECORDED ON A MONITORING
 SURVEY AND A LETTER IS SENT TO THE GRANTEE OUTLINING THE RESULTS OF THE

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

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

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

MONITORING. SHOULD A PROBLEM EXIST, GRANTEE IS GIVEN A SPECIFIC TIMELINE TO CORRECT THE DISCREPANCY.

PROGRAM MONITORING - RELEVANT INFORMATION FOR MONITORING INCLUDES:

1) EVIDENCE DOCUMENTING PROGRESS TOWARD ATTAINMENT OF THE SERVICE OBJECTIVES OUTLINED IN THE SERVICE PROVISION AGREEMENT, AS WELL AS INFORMATION DEMONSTRATING THAT CLIENTS HAVE BEEN GIVEN AN OPPORTUNITY TO MAKE A DONATION TO HELP SUPPORT THE EXTENSION OF PROGRAM SERVICES; 2) COMPLETION OF AN ACCEPTABLE CLIENT SATISFACTION SURVEY OR PROGRAM EVALUATION. EVIDENCE THAT PROVISION OF PROGRAM SERVICES BEGAN WITHIN 30 DAYS FROM THE EFFECTIVE DATE OF THE GRANT AWARD; 3) MAINTENANCE OF RECORDS PROVIDING DOCUMENTATION

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

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

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

OF THE SPECIFIC SERVICES PROVIDED TO EACH CLIENT. ON-SITE MONITORING MAY
 ALSO INCLUDE: 1)INTERVIEWS WITH BOTH DIRECT SERVICE AND SUPERVISORY STAFF;
 2)REVIEW OF CLIENT FILES; 3)VISITS TO BOTH ADMINISTRATIVE AND DIRECT
 SERVICE LOCATIONS. FOR THE NUTRITION PROGRAMS, UNANNOUNCED VISITS ARE MADE
 TO THREE MEAL SITES IN EACH PROJECT SERVICE AREA TO ASSESS COMPLIANCE WITH
 SITE REGULATIONS. MONITOR WILL ACCOMPANY THE DRIVER ON ONE HOME DELIVERED
 MEAL ROUTE IN EACH PROJECT AREA. ANNUAL VISIT IS MADE TO PROJECT
 ADMINISTRATION TO REVIEW RECORDS AND RESULTS OF KITCHEN MONITORING
 UNDERTAKEN BY PROJECT STAFF, AND DISCUSS ANY PROBLEMS DISCOVERED DURING
 MEAL SITE AND HDM MONIITORING. COPIES OF MONITORING REPORTS ARE PROVIDED

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

Name of the organization **CENTRAL MASSACHUSETTS AGENCY ON
AGING, INC.**

Employer identification number
04-2547633

Part I 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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VNA CARE NETWORK 120 THOMAS ST WORCESTER MA 01608	04-2103825	3	5,815				FALLS PREVENTION
VNA HOSPITAL OF GREATER MILFORD 37 BIRCH ST MILFORD MA 01757	04-2103602	3	5,519				ALZHEIMER'S SUPPORT
WORCESTER SENIOR CENTER 128 PROVIDENCE ST WORCESTER MA 01604	04-6001418	GOV	6,836				OSTEOPOROSIS PREVENT
ELDER SERVICES OF WORCESTER 411 CHANDLER ST WORCESTER MA 01602	04-2545221	3	746,774				ELDERLY NUTRITION
ELDER SERVICES OF WORCESTER 411 CHANDLER ST WORCESTER MA 01602	04-2545221	3	23,140				CRISIS INTERVENTION
ELDER SERVICES OF WORCESTER 411 CHANDLER ST WORCESTER MA 01602	04-2545221	3	8,706				MONEY MANAGEMENT
ELDER SERVICES OF WORCESTER 411 CHANDLER ST WORCESTER MA 01602	04-2545221	3	100,858				CAREGIVER SUPPORT
MONTACHUSETT HOME CARE CORP 680 MECHANIC ST LEOMINSTER MA 01453	04-2551175	3	23,480				CRIS INTERVENTION
MONTACHUSETT HOME CARE CORP 680 MECHANIC ST LEOMINSTER MA 01453	04-2551175	3	10,002				MONEY MANAGEMENT
MONTACHUSETT HOME CARE CORP 680 MECHANIC ST LEOMINSTER MA 01453	04-2551175	3	104,484				CAREGIVER SUPPORT
MONTACHUSETT HOME CARE CORP 680 MECHANIC ST LEOMINSTER MA 01453	04-2551175	3	181,656				LTC OMBUDSMAN

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

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

Name of the organization **CENTRAL MASSACHUSETTS AGENCY ON
AGING, INC.**

Employer identification number
04-2547633

Part I 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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI VALLEY INC. 10 MILL ST DUDLEY MA 01571	04-2594201	3	507,042				ELDERLY NUTRITION
TRI VALLEY INC. 10 MILL ST DUDLEY MA 01571	04-2594201	3	26,000				CRISIS INTERVENTION
TRI VALLEY INC. 10 MILL ST DUDLEY MA 01571	04-2594201	3	9,418				MONEY MANAGEMENT
TRI VALLEY INC. 10 MILL ST DUDLEY MA 01571	04-2594201	3	105,841				CAREGIVER SUPPORT
TRI VALLEY INC. 10 MILL ST DUDLEY MA 01571	04-2594201	3	72,579				LTC OMBUDSMAN
MA COLLEGE OF PHARMACY & HEALTH SCI 25 FOSTER ST WORCESTER MA 01608	04-2104700	3	12,713				MEDICATION MGMT

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

Schedule I-1 (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **CENTRAL MASSACHUSETTS AGENCY ON
AGING, INC.**

Employer identification number
04-2547633

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990 IS REVIEWED BY THE DIRECTOR OF ADMINISTRATION AND FINANCE PRIOR TO
SUBMISSION. COPIES OF FORM 990 ARE DISTRIBUTED TO BOARD MEMBERS FOR
REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
PRIOR TO ANY VOTES ON CONTRACTS OR GRANTS, BOARD MEMBERS ARE ASKED TO
DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST, WHICH ARE DOCUMENTED IN THE
MINUTES OF THE MEETING. ANNUALLY BOARD MEMBERS AND KEY MANAGEMENT TEAM
STAFF SUBMIT SIGNED CONFLICT OF INTEREST DISCLOSURE STATEMENTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
BOARD MEMBERS ARE SURVEYED REGARDING THE EXECUTIVE DIRECTOR'S PERFORMANCE.
THE PERSONNEL COMMITTEE SUMMARIZES THE EVALUATION AND REPORTS BACK TO THE
BOARD. COMPARABILITY DATA FOR SALARIES FOR SIMILAR POSITIONS IS REVIEWED
TO DETERMINE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
COMPARABILITY DATA FOR SALARIES FOR SIMILAR POSITIONS IS REVIEWED TO
DETERMINE COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC BY POSTING ON THE
ORGANIZATION'S WEBSITE.

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
	\$ 2,295		14		
TOTAL	<u>\$ 2,295</u>				

Federal Statements

Form 990, Part IX, Line 24f - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PRINTING AND PUBLICATIONS	\$ 1,149	\$	\$	\$ 1,149
PAYROLL SERVICE	1,047	233	814	
TRAINING	1,022	215	807	
BOARD COSTS	1,019		1,019	
POSTAGE AND SHIPPING	407			407
PUBLIC RELATIONS	324	199	125	
REPAIRS/MAINTENANCE	44			44
TOTAL	<u>\$ 5,012</u>	<u>\$ 647</u>	<u>\$ 2,765</u>	<u>\$ 1,600</u>