



BOARD OF DIRECTORS MEETING
September 25, 2024, at 10:00 A.M.
Care Connection Conference Room & ZOOM

- I. Call to order
- II. Roll call and establish quorum
- III. Introduction of guests
- IV. Approval of Agenda
- V. Approval of Past Meeting Minutes
- VI. Financial Report
 - A. Revised June FY'24 Financial Report
 - B. July FY'25 Financial Report
- VII. Old Business
- VIII. New Business
 - A. Form 5500
 - B. Vote on By-Law Change
 - C. Vote on Committee Charters
- IX. Executive Director's Report
- X. Board Member County Reports
- XI. Adjournment

Next meeting date: Wednesday, October 23, 2024

Executive Session

Call to Order

Vote to close part of this meeting pursuant to Section 610.021 of the Revised Statutes of Missouri relating to:

1. Legal actions, causes of action or litigation involving the agency and any confidential or privileged communication between the agency and its representatives and its attorneys.
2. Leasing, purchase, or sale of real estate where public knowledge might adversely affect the amount paid in the transaction.



**BOARD OF DIRECTORS MEETING
September 25, 2024**

A meeting of the Board of Directors of Care Connection for Aging Services was held on August 28, 2024, at the Care Connection conference room. Pam Fidler, Vice-Chairman, called the meeting to order at 10:00 a.m.

Board members present and comprising a quorum were: Judy Stephens, Pam Fidler, Joy Guymon, and Pam Osborn via conference call, Marti Berlin, Stacey Hutton and Elaine Paxton Via Zoom.

Board Members Absent: Terri Bradley, Joe Aull and Susie Bliss

Staff present: Wendy Martin, Cheryl Munsterman, Shannon Poskocil, and Angela Scroggins.

Guests present: None

AGENDA

A motion was made by Elaine Paxton to approve the agenda, seconded by Judy Stephens. The motion unanimously passed.

MINUTES

A motion was made by Joy Guymon to approve the minutes of the July 28, 2024, meeting, with correction of the Secretary to be Elaine Paxton instead of Susie Bliss due to the change of officers last meeting, seconded by Judy Stephens. The motion unanimously passed.

OLD BUSINESS

NEW BUSINESS

Vote to Re-adopt the Declaration of Confidentiality and No Conflict of Interest

Wendy Martin reported that the Declaration of Confidentiality and No Conflict of Interest needed to be readopted with no changes needed. A motion was made by Judy Stephens to re-adopt the Declaration of Confidentiality and No Conflict of Interest, seconded by Joy Guymon. The motion unanimously passed.

Financial Report

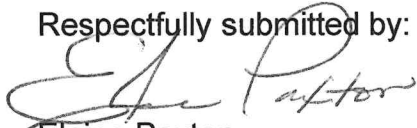
Cheryl Munsterman reported on the financial reports for July 2024. Copies attached and made a part hereof. A motion was made by Joy Guymon to accept the financial reports for July 2024, seconded by Judy Stephens. The motion unanimously passed.

Director's Report

Wendy Martin reported on several items.

A motion was made by Joy Guymon to adjourn the regular meeting at 11:30 A.M., seconded by Judy Stephens. The motion unanimously passed.

Respectfully submitted by:


Elaine Paxton
Secretary

Assisted by:


Angela Scroggins
Office Manager

**Revised
June FY'24
Financial Report**

CARE CONNECTION FOR AGING SERVICES
CONSOLIDATED BALANCE SHEET - **REVISED**
PERIOD ENDING 6/30/2024

Assets

| | | |
|---------------------|---------------------------|--|
| Cash | \$5,563,167 | |
| Acct. Receivable | \$1,204,672 | **Moved \$9500 VRA grant from Advc to AR **Added \$157957 SSGD AR & Rev |
| Inventory | \$65,986 | |
| Prepays | <u>\$80,267</u> | |
| TOTAL ASSETS | <u><u>\$6,914,092</u></u> | |

Liabilities and Net Assets

| | | |
|---|---------------------------|---|
| Accounts Payable | \$298,043 | |
| Advance | \$17,920 | **Moved \$9500 VRA grant from Advc to AR |
| Accrued Payroll Expenses | \$327,866 | |
| Accrued Other Expenses | \$0 | |
| TOTAL LIABILITIES | <u>\$643,829</u> | |
| Unrestricted Net Assets | \$5,916,206 | |
| Restricted Assets-Temporarily | \$3 | |
| Revenues Over (Under) Expenditures | <u>\$354,054</u> | **Added \$157957 SSGD AR & Rev |
| TOTAL NET ASSETS | <u><u>\$6,270,263</u></u> | |
| TOTAL LIABILITIES AND NET ASSETS | <u><u>\$6,914,092</u></u> | |

**Care Connection for Aging Services
Revenue/Expenditure Summary - REVISED
Month Ending 6/30/2024**

| | Curr. Month | Curr. Month | Variance | YTD | YTD | Variance | Target | YTD Actual | Change from |
|--|------------------|------------------|-------------------|--------------------|---------------------|--------------------|---------------------|--------------------|------------------|
| | Actual | Budgeted | Bdg-Actual | Actual | Budgeted | Bdg-Actual | Budget | 6/30 SFY23 | SFY23 YTD |
| Grant Revenue | \$246,863 | \$429,314 | (\$182,451) | \$4,886,000 | \$5,151,762 | (\$265,762) | \$5,151,762 | \$5,418,564 | (\$532,564) |
| Program Income | 51,358 | 49,902 | 1,456 | 640,307 | 598,821 | 41,486 | 598,821 | 633,717 | 6,590 |
| Contracted Services | (3,245) | 6,938 | (10,183) | 71,294 | 83,251 | (11,957) | 83,251 | 67,771 | 3,523 |
| Special Events | 38,144 | 40,097 | (1,953) | 403,281 | 481,161 | (77,880) | 481,161 | 336,238 | 67,043 |
| Contributions | 15,976 | 29,679 | (13,703) | 316,570 | 356,147 | (39,577) | 356,147 | 452,213 | (135,643) |
| Interest Income | 435 | 93 | 342 | 6,284 | 1,115 | 5,169 | 1,115 | 1,766 | 4,518 |
| Other Revenue Sources *Added 157,957 SSGD Rev | 336,337 | 206,664 | 129,673 | 1,997,112 | 2,479,967 | (482,855) | 2,479,967 | 1,350,056 | 647,056 |
| In-Kind | 96,519 | 100,886 | (4,367) | 1,175,113 | 1,210,630 | (35,517) | 1,210,630 | 1,070,027 | 105,086 |
| TOTAL REVENUE | \$782,387 | \$863,573 | (\$81,186) | \$9,495,961 | \$10,362,854 | (\$866,893) | \$10,362,854 | \$9,330,352 | \$165,609 |

| | Curr. Month | Curr. Month | Variance | YTD | YTD | Variance | Target | YTD Actual | Change from |
|--------------------------------|------------------|------------------|-----------------|--------------------|---------------------|--------------------|---------------------|--------------------|------------------|
| | Actual | Budgeted | Bdg-Actual | Actual | Budgeted | Bdg-Actual | Budget | 6/30 SFY23 | SFY23 YTD |
| Personnel & Fringe | \$427,563 | \$390,333 | (\$37,230) | 3,902,715 | \$4,683,997 | \$781,282 | \$4,683,997 | 4,027,396 | (\$124,681) |
| Travel | 15,393 | 14,416 | (977) | 143,172 | 172,988 | 29,816 | 172,988 | 117,220 | 25,952 |
| Building/Utilities/Phone | 68,581 | 57,443 | (11,138) | 666,274 | 689,316 | 23,042 | 689,316 | 614,179 | 52,095 |
| Printing/Supplies/Office | 8,228 | 141,741 | 133,513 | 149,969 | 239,739 | 89,770 | 239,739 | 103,852 | 46,117 |
| Equipment & Professional Fees | 93,551 | 61,921 | (31,630) | 672,480 | 743,055 | 70,575 | 743,055 | 487,373 | 185,107 |
| Raw Food | 84,248 | 84,381 | 133 | 1,040,006 | 1,012,569 | (27,437) | 1,012,569 | 1,137,598 | (97,592) |
| Food Service Supplies | 9,900 | 7,343 | (2,557) | 79,238 | 88,111 | 8,873 | 88,111 | 84,805 | (5,567) |
| Home Delivered Meal Costs | 15,007 | 17,278 | 2,271 | 210,630 | 207,338 | (3,292) | 207,338 | 223,379 | (12,749) |
| Other Costs | 47,238 | 38,047 | (9,191) | 393,708 | 456,563 | 62,855 | 456,563 | 333,545 | 60,163 |
| Contractual-Outside Provider | 27,737 | 64,924 | 37,187 | 708,602 | 779,092 | 70,490 | 779,092 | 559,688 | 148,914 |
| In-Kind | 96,519 | 101,512 | 4,993 | 1,175,113 | 1,218,147 | 43,034 | 1,218,147 | 1,070,027 | 105,086 |
| TOTAL EXPENDITURE | \$893,965 | \$979,339 | \$85,374 | \$9,141,907 | \$10,290,915 | \$1,149,008 | \$10,290,915 | \$8,759,062 | \$382,845 |
| Rev. over (Under) Expenditures | (\$111,578) | (\$115,766) | \$4,188 | \$354,054 | \$71,939 | \$282,115 | \$71,939 | \$571,290 | (\$217,236) |

** Increased Bottom Line Gain

Wage Exp overage +450,760
 PAR/CV/NGT overage +8,000
 Cong Misc Expense overage +10,000
 HDM Misc Expense overage +35,000

More Realistic Gain/Loss Expected 575,699

CARE CONNECTION FOR AGING SERVICES
CONSOLIDATED BALANCE SHEET
PERIOD ENDING 7/31/2024

Assets

| | |
|---------------------|----------------------------------|
| Cash | \$5,549,639 |
| Acct. Receivable | \$1,147,889 |
| Inventory | \$65,986 |
| Prepays | <u>\$76,675</u> |
| TOTAL ASSETS | <u><u>\$6,840,189</u></u> |

Liabilities and Net Assets

| | |
|---|----------------------------------|
| Accounts Payable | \$214,214 |
| Advance | \$66,759 |
| Accrued Payroll Expenses | \$243,696 |
| Accrued Other Expenses | \$0 |
| TOTAL LIABILITIES | <u>\$524,669</u> |
| Unrestricted Net Assets | \$6,270,263 |
| Restricted Assets-Temporarily | \$0 |
| Revenues Over (Under) Expenditures | <u>\$45,257</u> |
| TOTAL NET ASSETS | <u><u>\$6,315,520</u></u> |
| TOTAL LIABILITIES AND NET ASSETS | <u><u>\$6,840,189</u></u> |

| | Curr. Month | | | YTD | | | Target Budget | YTD Actual | |
|--------------------------------|------------------|------------------|---------------------|------------------|------------------|---------------------|--------------------|------------------|-----------------------|
| | Actual | Budgeted | Variance Bdg-Actual | Actual | Budgeted | Variance Bdg-Actual | | 7/31 SFY24 | Change from SFY24 YTD |
| Personnel & Fringe | \$234,406 | \$387,710 | \$153,304 | 234,406 | \$387,710 | \$153,304 | \$4,652,519 | 198,441 | \$35,965 |
| Travel | 9,531 | 17,389 | 7,858 | 9,531 | 17,389 | 7,858 | 208,663 | 8,799 | 732 |
| Building/Utilities/Phone | 51,065 | 55,898 | 4,833 | 51,065 | 55,898 | 4,833 | 670,771 | 45,741 | 5,324 |
| Printing/Supplies/Office | 6,012 | 9,830 | 3,818 | 6,012 | 9,830 | 3,818 | 117,954 | 13,965 | (7,953) |
| Equipment & Professional Fees | 10,494 | 24,923 | 14,429 | 10,493 | 24,923 | 14,430 | 299,075 | 55,181 | (44,688) |
| Law Food | 98,780 | 83,354 | (15,426) | 98,780 | 83,354 | (15,426) | 1,000,242 | 80,293 | 18,487 |
| Food Service Supplies | 5,292 | 7,105 | 1,813 | 5,292 | 7,105 | 1,813 | 85,265 | 5,156 | 136 |
| Home Delivered Meal Costs | 19,063 | 18,163 | (900) | 19,063 | 18,163 | (900) | 217,957 | 18,665 | 398 |
| Other Costs | 36,343 | 34,351 | (1,992) | 36,343 | 34,351 | (1,992) | 412,208 | 17,444 | 18,899 |
| Contractual-Outside Provider | 20,532 | 62,647 | 42,115 | 20,532 | 62,647 | 42,115 | 751,767 | 30,263 | (9,731) |
| Other | 104,220 | 99,749 | (4,471) | 104,220 | 99,749 | (4,471) | 1,196,986 | 83,504 | 20,716 |
| TOTAL EXPENDITURE | \$595,738 | \$801,119 | \$205,381 | \$595,737 | \$801,119 | \$205,382 | \$9,613,407 | \$557,452 | \$38,285 |
| Rev. over (Under) Expenditures | \$45,257 | (\$40,703) | \$85,960 | \$45,258 | (\$40,703) | \$85,961 | (\$488,427) | \$55,442 | (\$10,184) |

Wage Exp overage +471,270
PAR/CV/NGT overage +8,000
Cong Misc Expense overage +10,000

More Realistic Gain/Loss Expected 843

**Care Connection for Aging Services
Revenue/Expenditure Summary
Month Ending 7/31/2024**

| | Curr. Month Actual | Curr. Month Budgeted | Variance Bdg-Actual | YTD Actual | YTD Budgeted | Variance Bdg-Actual | Target Budget | YTD Actual 7/31 SFY24 | Change from SFY24 YTD |
|-----------------------|-------------------------------|---------------------------------|--------------------------------|-----------------------|-------------------------|--------------------------------|--------------------------|----------------------------------|----------------------------------|
| Grant Revenue | \$320,635 | \$326,382 | (\$5,747) | \$320,635 | \$326,382 | (\$5,747) | \$3,916,578 | \$304,410 | \$16,225 |
| Program Income | 58,522 | 53,853 | 4,669 | 58,522 | 53,853 | 4,669 | 646,231 | 48,766 | 9,756 |
| Contracted Services | 2,011 | 6,932 | (4,921) | 2,011 | 6,932 | (4,921) | 83,188 | 3,107 | (1,096) |
| Special Events | 13,698 | 41,881 | (28,183) | 13,698 | 41,881 | (28,183) | 502,577 | 26,568 | (12,870) |
| Contributions | 31,391 | 28,472 | 2,919 | 31,391 | 28,472 | 2,919 | 341,663 | 21,791 | 9,600 |
| Interest Income | 435 | 96 | 339 | 435 | 96 | 339 | 1,150 | 728 | (293) |
| Other Revenue Sources | 110,083 | 203,872 | (93,789) | 110,083 | 203,872 | (93,789) | 2,446,458 | 124,020 | (13,937) |
| Other-Kind | 104,220 | 98,928 | 5,292 | 104,220 | 98,928 | 5,292 | 1,187,135 | 83,504 | 20,716 |
| TOTAL REVENUE | \$640,995 | \$760,416 | (\$119,421) | \$640,995 | \$760,416 | (\$119,421) | \$9,124,980 | \$612,894 | \$28,101 |

HOME

| Consolidated Totals Actual Per Meal Breakdown FY 2025 | | | | | | | |
|---|---------------------------|--------------------------|-------------|-----------------|---------------|------------------|-----------------|
| | Cong Program Income | HDM Program Income | Raw Food | Cooks' Wages | Meal Supplies | HDM Packaging | HDM Delivery |
| Budget | 4.52 | 0.99 | 2.42 | 2.75 | 0.12 | 0.54 | 0.40 |
| July | 4.73 | 0.99 | 2.65 | 1.68 | 0.06 | 0.51 | 0.30 |
| August | | | | | | | |
| September | | | | | | | |
| October | | | | | | | |
| November | | | | | | | |
| December | | | | | | | |
| January | | | | | | | |
| February | | | | | | | |
| March | | | | | | | |
| April | | | | | | | |
| May | | | | | | | |
| June | | | | | | | |
| YTD Average | 4.73 | 0.99 | 2.65 | 1.68 | 0.06 | 0.51 | 0.30 |

| Consolidated Totals Units - Budget Vs. Actual | | | | |
|---|--------------------------|-------------------------|-------------------|--------------|
| | Cong Program Units | HDM Program Units | Medicaid Units | Total Units |
| Budget | 8448 | 14860 | 12279 | 35587 |
| July | 8665 | 16777 | 12951 | 38393 |
| August | 0 | 0 | 0 | 0 |
| September | 0 | 0 | 0 | 0 |
| October | 0 | 0 | 0 | 0 |
| November | 0 | 0 | 0 | 0 |
| December | 0 | 0 | 0 | 0 |
| January | 0 | 0 | 0 | 0 |
| February | 0 | 0 | 0 | 0 |
| March | 0 | 0 | 0 | 0 |
| April | 0 | 0 | 0 | 0 |
| May | 0 | 0 | 0 | 0 |
| June | 0 | 0 | 0 | 0 |
| YTD Average | 8665 | 16777 | 12951 | 38393 |

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)

D If the plan is a collectively-bargained plan, check here..... ▶

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan
DISTRICT III AREA AGENCY ON AGING RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan
05/01/1995

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DISTRICT III AREA AGENCY ON AGING

2b Employer Identification Number (EIN)
43-1015585

2c Sponsor's telephone number
660-747-3107

106 WEST YOUNG
PO BOX 1078
WARRENSBURG MO 64093

2d Business code (see instructions)
813000

3a Plan administrator's name and address Same as Plan Sponsor.

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.

4b EIN

4d PN

a Sponsor's name
c Plan Name

5a Total number of participants at the beginning of the plan year..... 105

b Total number of participants at the end of the plan year 102

c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 54

c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 50

d(1) Total number of active participants at the beginning of the plan year 96

d(2) Total number of active participants at the end of the plan year..... 89

e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... 3

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|-----------|------------------------------------|------|---|
| SIGN HERE | Signature of plan administrator | Date | CHERYL MUNSTERMAN Enter name of individual signing as plan administrator |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

| Part III Financial Information | | | |
|---------------------------------------|--|------------------------------|------------------------|
| 7 | Plan Assets and Liabilities | | |
| | | (a) Beginning of Year | (b) End of Year |
| a | Total plan assets..... | 7a 1,865,297 | 1,582,659 |
| b | Total plan liabilities..... | 7b 0 | 0 |
| c | Net plan assets (subtract line 7b from line 7a)..... | 7c 1,865,297 | 1,582,659 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | |
| | | (a) Amount | (b) Total |
| a | Contributions received or receivable from: | | |
| | (1) Employers..... | 8a(1) 41,019 | |
| | (2) Participants..... | 8a(2) 117,046 | |
| | (3) Others (including rollovers)..... | 8a(3) 0 | |
| b | Other income (loss)..... | 8b 294,551 | |
| c | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... | 8c | 452,616 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | 8d 734,159 | |
| e | Certain deemed and/or corrective distributions (see instructions)..... | 8e 0 | |
| f | Administrative service providers (salaries, fees, commissions)..... | 8f 1,095 | |
| g | Other expenses..... | 8g 0 | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g)..... | 8h | 735,254 |
| i | Net income (loss) (subtract line 8h from line 8c)..... | 8i | -282,638 |
| j | Transfers to (from) the plan (see instructions)..... | 8j | |

| Part IV Plan Characteristics | |
|-------------------------------------|---|
| 9a | If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2L 2T 3D |
| b | If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: |

| Part V Compliance Questions | | | | |
|------------------------------------|---|------------|----|---------|
| 10 | During the plan year: | Yes | No | Amount |
| a | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)..... | 10a | X | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)..... | 10b | X | |
| c | Was the plan covered by a fidelity bond?..... | 10c | X | 265,000 |
| d | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?..... | 10d | | |
| e | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)..... | 10e | X | 4,021 |
| f | Has the plan failed to provide any benefit when due under the plan?..... | 10f | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)..... | 10g | X | 28,717 |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)..... | 10h | X | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3..... | 10i | | |

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

Yes.

No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|-------------------------|---------------|--------------|
| | | |
| | | |
| | | |

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11/22/2017 (MM/DD/YYYY) and the Opinion Letter serial number J501067a.

**Annual Registration Statement Identifying Separated
Participants With Deferred Vested Benefits**

This form is required to be filed under section 6057 of the Internal Revenue Code.
Go to www.irs.gov/Form8955SSA for instructions and the latest information.

PART I Annual Statement Identification Information

For the plan year beginning 01/01/2023, and ending 12/31/2023

- A Check here if plan is a government, church, or other plan that elects to voluntarily file Form 8955-SSA. (See instructions.)
- B Check here if this is an amended registration statement.
- C Check the appropriate box if filing under: Form 5558 Automatic extension
 Special extension (enter description) _____

PART II Basic Plan Information - enter all requested information

| | |
|--|--|
| 1a Name of plan <u>DISTRICT III AREA AGENCY ON AGING RETIREMENT PLAN</u> | 1b Plan Number (PN) <u>001</u> |
|--|--|

Plan Sponsor Information

| | |
|---|---|
| 2a Plan sponsor's name <u>DISTRICT III AREA AGENCY ON AGING</u> | 2b Employer Identification Number (EIN) <u>43-1015585</u> |
| 2c Trade name (if different from plan sponsor name) | 2d Plan sponsor's phone number <u>660-747-3107</u> |
| 2e In care of name | |

| | | | |
|--|--------------------------------------|-------------------------------|------------------------------------|
| 2f Mailing address (room, apt., suite no. and street, or P.O. box) <u>106 WEST YOUNG PO BOX 1078</u> | 2g City <u>WARRENSBURG</u> | 2h State <u>MO</u> | 2i ZIP code <u>64093</u> |
| 2j Foreign province (or state) | 2k Foreign country | 2l Foreign postal code | |

Plan Administrator Information

| | | | |
|---|--|-------------------------------|--------------------|
| 3a Plan administrator's name (if other than plan sponsor) <u>SAME</u> | 3b Employer Identification Number (EIN) | | |
| 3c In care of name | 3d Plan administrator's phone number | | |
| 3e Mailing address (room, apt., suite no. and street, or P.O. box) | 3f City | 3g State | 3h ZIP code |
| 3i Foreign province (or state) | 3j Foreign country | 3k Foreign postal code | |

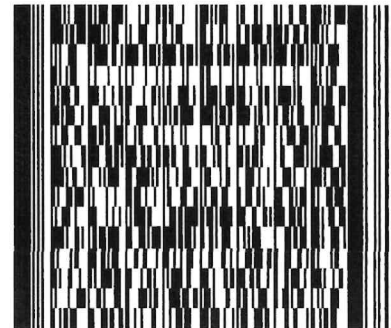
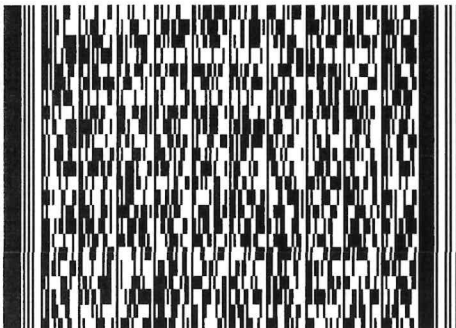
4 If the name or EIN of the **plan administrator** has changed since the last return filed for this plan, enter the name and EIN from the last filed return:
Plan administrator's name _____ EIN _____

| | | |
|---|-----------|------------------------|
| 5 If the name or EIN of the plan sponsor has changed since the last return filed for this plan, enter the name, EIN, and plan number from that return: Plan sponsor's name _____ | EIN _____ | Plan Number (PN) _____ |
|---|-----------|------------------------|

| | | |
|---|---|----------|
| 6a Participants who separated with a deferred vested benefit required to be reported on this Form 8955-SSA | 6a | <u>1</u> |
| b Participants who separated with a deferred vested benefit voluntarily reported on this Form 8955-SSA in the same year as the separation occurred | 6b | <u>0</u> |
| 7 Total number of participants reported on lines 6a and 6b | 7 | <u>1</u> |
| 8 Did the plan administrator provide an individual statement to each participant required to receive a statement? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

Under penalties of perjury, I declare that I have examined this statement, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | | |
|------------------|---|-------------|---|-------------|
| Sign Here | Signature of plan sponsor <u>CHERYL MUNSTERMAN</u> | Date signed | Signature of plan administrator <u>CHERYL MUNSTERMAN</u> | Date signed |
|------------------|---|-------------|---|-------------|



Executive Director & Program Report
9.25.24 Board meeting

AAA PROGRAM STAFF REPORTS:

Open staff positions:

Center Coordinator, Odessa
Center Coordinator, Warrensburg
Head Cook, Sedalia
Assistant Cook, Warrensburg
Assistant cook/custodian: Marshall
HDM Driver: Butler

Employee Training:

- Coaching Training for Leadership team on Friday
- Learning Management System should go live hopefully November 1

Office Manager– Angie Scroggins

- Center Monitoring for all centers will start around October and will be completed by April 2025
- Working on planning for annual Staff Retreat and Training on October 30th at Milestone.

Public Information Officer – Shannon Poskocil

- Website updates for ADA compliance week of September 23.
- Working on Introduction to Facebook training for coordinators.
- Working on a set of monthly outreach items for coordinators.
- Will be at Get the Red Out Sept. 7, Ladies Night Out Oct. 8

Dir of Family Caregiving & Contracts – Marilyn Gunter

- Carrollton Circle of Friends is going great. Will wrap up in October. They are looking to start a Drums Alive there and CDSMP since the group is captive.
- Lisa and Tammy are completing Memory Screenings during September.
- Scheduling DF/DL training with Healthline in Sedalia for their staff sometime in October. At Home Independence is interested as well.

- Lisa has DF/DL training at John Knox Village in Higginsville for staff at the end of September and first of October. She is also starting an Alzheimer's Learn and Cope group that will need at John Knox Village on the 4th Tuesday of the month. This begins 10/22. It is from 5:30-6:30. The Alzheimer's Association is helping us get the word out.
- Working on a grant from the Community Foundation of the Ozarks for Benton County to help with Kinship building and support.
- We have a new veteran in Caldwell County that began services in August.

Director of Care Management - Melanie Foster

- Attended the Center Coordinator Meeting – trained on the I&A process.
- Care Management- working on consistency in Data Entry – now have a report where I can run a report by CM name/id not Care Manager.
- Completing SAGE training.
- Unite Us (ToRCH)- Currently receiving referrals in areas, we have existing programs.

Director of Special Projects - Rona McNally

- Looking for a Social Engagement Coordinator
- Legal – Working on monitoring
- SMP –Scheduling Scamborees. Need to do four this year.
- Navigator – Received an award for another year. This is a 5-year award contingent on funds being available each year.
- Give 5 - Scheduling another round of sessions in Warrensburg beginning October
- RSVP – There will be a Sept 11 Day of Remembrance event in Stockton.

Director of Health and Wellness - Teresa Etters

- Teaching 2 CPR classes that should have all CC's and some Care mgrs, as well as the RSD's CPR certified on the 18th and the 25th.
- CDSMP class in Warrensburg at Magnolia Ridge with 5 registered
- CDSMP class in Stockton with 5 registered CDSMP class starting later this month in Carrollton
- WWE class starting later this month in Holden
- Lisa and I are starting a MOB class in Lexington on the 17th,

- Zumba on Thursday mornings has restarted on Zoom at 10am, and we are working on growing the classes with fall here, I am teaching that.
- Shannon and I will be going to the centers to make sure all tablets are updated and we are asking for RSD's to encourage strongly Center Coordinators to pick a class to promote and grow in their centers.

Director of Nutrition - Eric Messer

- Fall Menu: working on costing, costs have gone up 15% since June, will have to look at the menu to see what changes can be made to bring our costs down.
- Upcoming Travel: USAging Leadership Conference 9/17-20, SGC Food Show 9/24.

Ombudsman Director/Operations Manager - Christina Kanak

- SHL Annual Meeting in October

Chief Financial Officer - Cheryl Munsterman

- Retirement Plan annual reports from CY2023 are ready for review. The Form 5500 will be completed and voted on by board.
- Our Audit RFP (request for proposal) needs to be reviewed so that we can prepare for renewal. This will secure our auditing firm for FY2026. Ads are due in the paper by Sept 30.
- The Retirement Plan education session will be scheduled for some time in October.
- FY2025 Raw Food rate needs to be discussed as to what it will be officially set to – as discussions have taken place about increasing this to what current menus are costing out to be.
- Accounting is working to close up loose ends with FY2024 closure. Initially, a collective gain agency-wide was reported to the Board of Directors of \$109K'ish. We found an oversight of some SSGD revenues that were not booked. This will increase that gain to approx. \$200K. Great job to everyone at CCAS!!
- The State has replied with feedback to the state-wide LSC Project that Cheryl is working on. Cheryl is working thru that and will send out to the AAAs for review. Then the project will be ready to go to IDS to discuss implementation.

EXECUTIVE DIRECTOR REPORT:

OPEN BOARD POSITIONS:

- Chariton County
- Vernon County
- Saline County

BOARD:

- Executive Committee reviewed bylaws and updated and/or developed needed committee charters. Once reviewed by board can be approved.

CONTINUING EDUCATION:

- ma4 Conference – Around 30 people from CCAS attended state conference. Good information and great teambuilding being together.
- 10/7-10/8 - SUA AAA final rule meeting- Jeff City – Wendy and Cheryl
- Excel Training – coordinators, case managers and most of leadership/office staff taking Basic Excel in October and November.

POLICIES/PORTAL

- Portal documents project is being worked on by Marilyn Gunter
- State has given us a new policy guidebook listing their policies and what AAA will be required to do within their policies. Cheryl and I are reviewing 157 pages of the policy guide in next two weeks to be ready for discussion with ma4 group and state on October 7-8 in Jefferson City.

CENTERS:

- Will hold Excel training for center coordinators in Sept and leadership in October
- Working on using fundraising task planning spreadsheet for all fundraisers