

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

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

A For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
AREA 1 AGENCY ON AGING

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
434 7TH STREET

City or town, state or country, and ZIP + 4
EUREKA CA 95501

D Employer identification number
94-2673039

E Telephone number
707-442-3763

F Accounting method: Cash Accrual Other (specify)

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates Yes No

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: A1AA.ORG

J Organization type
(check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,439,008**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue					
1	Contributions, gifts, grants, and similar amounts received:				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	88,173		
c	Indirect public support (not included on line 1a)	1c			
d	Government contributions (grants) (not included on line 1a)	1d	2,251,725		
e	Total (add lines 1a through 1d) (cash \$ 2,339,898 noncash \$)			1e	2,339,898
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	24,048
3	Membership dues and assessments		SEE STATEMENT 1	3	4,740
4	Interest on savings and temporary cash investments			4	51,038
5	Dividends and interest from securities			5	9,608
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
7	Other investment income (describe)			7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	1,009,676	8a	
b	Less: cost or other basis and sales expenses		1,064,095	8b	
c	Gain or (loss) (attach schedule)		-54,419	8c	
d	Net gain or (loss). Combine line 8c, columns (A) and (B)		SEE STMT 2	8d	-54,419
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	2,374,913
Expenses					
13	Program services (from line 44, column (B))	13	2,147,298		
14	Management and general (from line 44, column (C))	14	331,602		
15	Fundraising (from line 44, column (D))	15	1,374		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17	2,480,274		
Net Assets					
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-105,361		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,066,841		
20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	1,949,936		

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 the instructions.)

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) STMT 4 (cash \$ 1,074,110 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,074,110	1,074,110	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 5	25a	172,854	146,542	26,312
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c 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			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	551,984	363,977	187,751
27 Pension plan contributions not included on lines 25a, b, and c	27			256
28 Employee benefits not included on lines 25a - 27	28	169,088	124,591	44,452
29 Payroll taxes	29	64,801	47,747	17,035
30 Professional fundraising fees	30			19
31 Accounting fees	31	10,050	10,050	
32 Legal fees	32	285	285	
33 Supplies	33	18,527	12,298	6,144
34 Telephone	34	23,649	16,847	6,802
35 Postage and shipping	35	10,832	7,223	3,609
36 Occupancy	36	103,412	73,961	29,451
37 Equipment rental and maintenance	37	3,111	1,688	1,423
38 Printing and publications	38	33,271	26,363	6,309
39 Travel	39			599
40 Conferences, conventions, and meetings	40	26,520	16,510	9,997
41 Interest	41	128	128	13
42 Depreciation, depletion, etc. (attach schedule)	42	4,821	3,100	1,721
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 6	43a	212,831	232,341	-19,867
b	43b			357
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,480,274	2,147,298	331,602
			1,374	

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 IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash—non-interest-bearing	171,080	45	119,184
	46 Savings and temporary cash investments	1,181,775	46	1,610,908
	47a Accounts receivable	71,667		
	b Less: allowance for doubtful accounts		47c	71,667
	48a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable	108,081	49	94,644
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	54,458	53	41,025
	54a Investments—publicly-traded securities SEE STATEMENT 8	588,635	54a	
	b Investments—other securities (attach schedule)		54b	
	55a Investments—land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
	56 Investments—other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	249,472		
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 9	111,060	57c	138,412	
58 Other assets, including program-related investments (describe SEE STATEMENT 10)	10,000	58	10,000	
59 Total assets (must equal line 74). Add lines 45 through 58	2,229,747	59	2,085,840	
Liabilities	60 Accounts payable and accrued expenses	111,991	60	95,576
	61 Grants payable	32,688	61	27,743
	62 Deferred revenue SEE STATEMENT 11	17,640	62	6,674
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe SEE STATEMENT 12)	587	65	5,911
66 Total liabilities. Add lines 60 through 65	162,906	66	135,904	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,966,532	67	1,903,123
	68 Temporarily restricted	100,309	68	46,813
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	2,066,841	73	1,949,936	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	2,229,747	74	2,085,840	

Part VI Other Information (continued)

		Yes	No
82a	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	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.) SEE STMT 15 82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A		
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, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c		
d	Section 162(e) lobbying and political expenditures 85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	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		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a		
b	Gross receipts, included on line 12, for public use of club facilities 86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b		
88a	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	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
89a	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	501(c)(3) and 501(c)(4) orgs. 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
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	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?		X
90a	List the states with which a copy of this return is filed CA		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 28		
91a	The books are in care of ELAINE DAVID Telephone no. 707-442-3763 434 7TH STREET Located at EUREKA, CA ZIP + 4 95501		
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)? If "Yes," enter the name of the foreign country		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

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.)

Note: Enter gross amounts unless otherwise indicated.

	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	
93 Program service revenue:					
a PROJECT REVENUE					412
b UNDERWRITING REVENUE					18,117
c OTHER REVENUE					5,519
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					4,740
95 Interest on savings and temporary cash investments					51,038
96 Dividends and interest from securities					9,608
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-54,419
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	35,015
105 Total (add line 104, columns (B), (D), and (E))					35,015

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).
93A	REVENUE FROM NOMINAL PROGRAM ACTIVITIES
93B	UNDERWRITING FOR BI-ANNUAL SENIOR DIRECTORY
93C	REVENUE FROM NOMINAL PROGRAM ACTIVITIES

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

(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
N/A	%			
	%			
	%			
	%			

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).

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

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

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

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

108 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?	Yes	No

Please Sign Here

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 _____

Paid Preparer's Use Only	Preparer's signature STACEY R. EDGMON	Date 2/09/09	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) P00128058
	Firm's name (or yours if self-employed), address, and ZIP + 4 AYCOCK AND EDGMON, CPA PO BOX 637 FERNDALE, CA 95536-0637	EIN 68-0402428	Phone no. 707-786-9798	

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

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

OMB No. 1545-0047

2007

Supplementary Information-(See separate instructions.)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AREA 1 AGENCY ON AGING

Employer identification number
94-2673039

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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 empl. benefit plans & deferred comp.	(e) Expense account and other allowances
CYNTHIA DENBO 434 7TH STREET EUREKA CA 95501	EXEC DIR 37	67,452	0	0
ELAINE DAVID 434 7TH STREET EUREKA CA 95501	FIN DIR 37	55,091	0	0
MARIANNE NIX 434 7TH STREET EUREKA CA 95501	DIR OF SERV 37	50,311	0	0
Total number of other employees paid over \$50,000	▶ 0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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	▶	

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 page 2 of the 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	▶	

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	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.)	1		X
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.				
2	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.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3a	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.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	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	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f	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 ► _____			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____			0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the 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.)
- 11a 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.)
- 11b 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 page 8 of the 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	
Total					

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the 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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,283,377	2,298,881	2,298,471	2,434,549	9,315,278
16 Membership fees received	3,645	1,063	5,180	4,121	14,009
17 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
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	69,705	55,975	39,798	25,890	191,368
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 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					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets STMT 16	6,855	25,367	8,503	6,648	47,373
23 Total of lines 15 through 22	2,363,582	2,381,286	2,351,952	2,471,208	9,568,028
24 Line 23 minus line 17	2,363,582	2,381,286	2,351,952	2,471,208	9,568,028
25 Enter 1% of line 23	23,636	23,813	23,520	24,712	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	191,361
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		26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	9,568,028
d Add: Amounts from column (e) for lines:	18 <u>191,368</u> 19 _____	26d	238,741
	22 <u>47,373</u> 26b _____	26e	9,329,287
e Public support (line 26c minus line 26d total)		26e	9,329,287
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	97.5048%

27 Organizations described on line 12:	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:	N/A	
	(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:	N/A		
	(2006) _____ (2005) _____ (2004) _____ (2003) _____		
c Add: Amounts from column (e) for lines:	15 _____ 16 _____	27c	_____
	17 _____ 20 _____ 21 _____	27d	_____
d Add: Line 27a total _____ and line 27b total _____		27e	_____
e Public support (line 27c total minus line 27d total)		27e	_____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)		27f	_____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	_____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	_____ %

28 Unusual Grants: 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 page 9 of the 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?	29		
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?	30		
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?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
32	Does the organization maintain the following:	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
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?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
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?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
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	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the 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 all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000	41	
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: 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 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 page 14 of the instructions.) **N/A**

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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			

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

Federal Statements

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
MEMBERSHIP FEES	\$ 4,740
TOTAL	<u>\$ 4,740</u>

Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

<u>Desc</u>	<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Depr</u>	<u>Gain/-Loss</u>
PUBLICLY TRADED SECURITIES								
					\$1,009,676	\$1,064,095	\$	\$ -54,419
TOTAL					<u>\$1,009,676</u>	<u>\$1,064,095</u>	<u>\$ 0</u>	<u>\$ -54,419</u>

Federal Statements**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
UNREALIZED INVESTMENT LOSSES	\$ -2,498
CORRECTION OF A PRIOR YEAR UNDERSTATEMENT	
DISPOSAL OF GRANT FUNDED EQUIPMENT	-9,046
TOTAL	<u>\$ -11,544</u>

Federal Statements

Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations

<u>Name Address</u>	<u>Relationship to Org</u>	<u>Class of Activity</u>	<u>Cash Contrib</u>	<u>NonCash Contrib</u>	<u>Book Value</u>	<u>BV Expl</u>	<u>FMV Expl</u>
<u>Date of Gift</u>	<u>Description of Property</u>						
HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA ST EUREKA CA 95501	NONE	SENIOR SUPPORT SERV	\$ 827,983	\$	\$		
DEL NORTE SENIOR CENTER 1765 NORTHCREST DR CRESCENT CITY CA 95531	NONE	SENIOR SUPPORT SERV	119,707				
FOOD FOR PEOPLE 307 WEST 14TH ST EUREKA CA 95501	NONE	SENIOR SUPPORT SERV	24,692				
HEALY SENIOR CENTER PO BOX 1849 REDWAY CA 95560	NONE	SENIOR SUPPORT SERV	39,368				
K'IMA:W MEDICAL CENTER PO BOX 1288 HOOPA CA 95546	NONE	SENIOR SUPPORT SERV	13,632				
LEGAL SERVICES OF NO CA 517 12TH ST	NONE	SENIOR SUPPORT SERV	45,000				

Federal Statements

Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Expl	FMV Expl
SACRAMENTO CA 95814					\$	\$	\$		
HUMBOLDT CO DEPT OF HEALTH	NONE	SENIOR SUPPORT SERV			2,000				
COLLEGE OF THE REDWOODS	NONE	SENIOR SUPPORT SERV			1,728				
TOTAL					<u>\$ 1,074,110</u>	<u>\$ 0</u>	<u>\$ 0</u>		

Statement 5 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
CYNTHIA DENBO, EXECUTIVE DIR COMPENSATION	60,477	6,975	
ELAINE DAVID, FINANCE DIR COMPENSATION	35,754	19,337	
MARIANNE NIX, AGENCY SERV DIR COMPENSATION	50,311		
TOTAL	<u>\$ 146,542</u>	<u>\$ 26,312</u>	<u>\$ 0</u>

Federal Statements**Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
ADVERTISING	6,656	5,733	923	
ALLOCATED OVERHEAD		99,456	-99,635	179
CONSULTANTS	95,076	50,171	44,905	
EXPENDABLE EQUIPMENT	11,564	9,049	2,515	
INSURANCE	8,553		8,553	
INVESTMENT MANAGEMENT FEES	5,720		5,720	
MEMBERSHIPS AND SUBSCRIPTIONS	6,457	2,333	4,124	
ONLINE SERVICES	11,268	6,300	4,968	
PURCHASE OF SERVICES	6,804	6,804		
VOLUNTEER EXPENSE	38,636	36,604	2,032	
OTHER	22,097	15,891	6,028	178
TOTAL	<u>\$ 212,831</u>	<u>\$ 232,341</u>	<u>\$ -19,867</u>	<u>\$ 357</u>

Statement 7 - Form 990, Part III - Organization's Primary Exempt Purpose

Description

SENIOR SUPPORT, INFORMATION AND ASSISTANCE, AND VOLUNTEER SERVICES

Federal Statements**Statement 8 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK	\$	\$	
SECURITIES AVAILABLE FOR SALE	588,635		MARKET
TOTAL	\$ 588,635	\$ 0	

Statement 9 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
EQUIPMENT	\$ 123,697	\$ 121,985	\$ 204,224	\$ 111,060
TEMPORARILY RESTRICTED EQUIPMENT	54,294		45,248	0
TOTAL	\$ 177,991	\$ 121,985	\$ 249,472	\$ 111,060

Statement 10 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
INVESTMENT IN LIMITED PARTNERSHIP	\$ 10,000	\$ 10,000
TOTAL	\$ 10,000	\$ 10,000

Statement 11 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
	\$ 17,640	\$ 6,674
TOTAL	\$ 17,640	\$ 6,674

Statement 12 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
CAPITAL LEASE PAYABLE	\$ 587	\$ 5,911
TOTAL	\$ 587	\$ 5,911

Federal Statements

Statement 13 - Form 990, Part IV-B - Other Expenses included on Financial Statements

<u>Description</u>	<u>Amount</u>
UNREALIZED INVESTMENT LOSSES	\$ 2,498
TOTAL	\$ <u>2,498</u>

Federal Statements

Statement 14 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
CYNTHIA DENBO 434 7TH STREET EUREKA CA 95501	EXEC DIR	35	0	0	0
TOM ROWE PO BOX 1109 ARCATA CA 95518	PRESIDENT	2	0	0	0
JOAN RAINWATER-GISH 1220 VISTA DRIVE EUREKA CA 95503	VICE PRES	1	0	0	0
JIM PEDROTTI 1753 GREENFIELD PL FORTUNA CA 95540	SECRETARY	1	0	0	0
STEVE BECKMAN 4966 LUNDBLADE DR EUREKA CA 95503	TREASURER	1	0	0	0
DIANNE BENNETT PO BOX 302 GASQUET CA 95543	DIRECTOR	1	0	0	0
NANCY GREGORY 3100 BARBER CR RD HYDESVILLE CA 95547	DIRECTOR	1	0	0	0
SHARON HUNTER 1617 BAYWOOD LANE BAYSIDE CA 95524	DIRECTOR	1	0	0	0
SHARON MELLETT PO BOX 674 KLAMATH CA 95548	DIRECTOR	1	0	0	0

Federal Statements

Statement 14 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
VICTORIA ONSTINE 4605 VALLEY WEST BLVD ARCATA CA 95521	DIRECTOR	1	0	0	0
KAREN SUIKER 1988 HUCKLEBERRY COURT EUREKA CA 95503	DIRECTOR	1	0	0	0
SCOTT SATTTLER, MD 2466 RUSSELL STREET EUREKA CA 95503	DIRECTOR	1	0	0	0
DORIS WHALEN 275 ELK VALLEY ROAD CRESCENT CITY CA 95531	DIRECTOR	1	0	0	0

Federal Statements

Statement 15 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
IN-KIND SERVICES AND MATERIALS	\$ _____
TOTAL	\$ <u>0</u>

Federal Statements**Statement 16 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
PROGRAM REVENUE	\$ <u>6,855</u>	\$ <u>25,367</u>	\$ <u>8,503</u>	\$ <u>6,648</u>
TOTAL	\$ <u><u>6,855</u></u>	\$ <u><u>25,367</u></u>	\$ <u><u>8,503</u></u>	\$ <u><u>6,648</u></u>

Federal Statements**Statement 16 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
PROGRAM REVENUE	\$ <u>6,855</u>	\$ <u>25,367</u>	\$ <u>8,503</u>	\$ <u>6,648</u>
TOTAL	\$ <u><u>6,855</u></u>	\$ <u><u>25,367</u></u>	\$ <u><u>8,503</u></u>	\$ <u><u>6,648</u></u>