

Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

- 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

Doing Business As

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

G Gross receipts \$ **2,385,437**

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**) **t** (insert no.) 4947(a)(1) or 527

J Website: **WWW.AIAA.ORG**

H(c) Group exemption number **u**

K Type of organization: Corporation Trust Association Other **u**

L Year of formation: **1980** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE LEADERSHIP & GUIDANCE IN SUPPORTING AN OLDER PERSON'S ABILITY TO LEAD A DIGNIFIED, SAFE, HEALTHY, & INDEPENDENT LIFE & TO PROVIDE LEADERSHIP & RESOURCES THAT SUPPORT VOLUNTEERS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its 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	36
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	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 2,339,898	Current Year 2,278,726
	9 Program service revenue (Part VIII, line 2g)	28,788	517
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,227	12,000
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72,300
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,374,913	2,363,543
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,074,110	1,087,920
	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)	893,926	805,637
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) u 9,530		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	512,238	574,735
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,480,274	2,468,292	
19 Revenue less expenses. Subtract line 18 from line 12	-105,361	-104,749	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 2,085,840	End of Year 2,015,129
	21 Total liabilities (Part X, line 26)	135,904	178,218
	22 Net assets or fund balances. Subtract line 21 from line 20	1,949,936	1,836,911

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 **CINDY DENBO** Date **EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature **STACEY R. EDGMON** Date **3/08/10** Check if self-employed Preparer's identifying number (see instructions) **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 **u 68-0402428** Phone no. **u 707-786-9798**

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO PROVIDE LEADERSHIP & GUIDANCE IN SUPPORTING AN OLDER PERSON'S ABILITY TO LEAD A DIGNIFIED, SAFE, HEALTHY, & INDEPENDENT LIFE & TO PROVIDE LEADERSHIP & RESOURCES THAT SUPPORT VOLUNTEERS.

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 \$ **684,264** including grants of \$ **636,347**) (Revenue \$)
PASS THROUGH FUNDING AND RELATED ADMINISTRATION FOR THE FOLLOWING CONTRACTED NUTRITION SERVICES:

67,671 MEALS SERVED AT FOUR CONGREGATE LUNCH SITES TO 634 UNDUPLICATED INDIVIDUALS THROUGHOUT TWO COUNTIES.

75,700 MEALS DELIVERED TO 305 UNDUPLICATED HOMEBOUND SENIORS.

1,899 SENIOR BROWN BAGS DELIVERED TO 475 UNDUPLICATED SENORS BY 249 VOLUNTEERS.

4b (Code:) (Expenses \$ **460,139** including grants of \$ **451,573**) (Revenue \$)
PASS THROUGH FUNDING AND RELATED ADMINISTRATION FOR THE FOLLOWING CONTRACTED SENIOR SOCIAL SERVICES:

SENIOR LEGAL SERVICES - PROVIDED FOR 2,170 HOURS OF LEGAL SERVICES TO SECURE AND MANTAIN PUBLIC BENEFITS AND ENTITLEMENTS

ALZHEIMER'S DAY CARE CENTER - PROVIDED FOR 4,314 CLIENT DAYS

LINKAGES CASE MANAGEMENT - SERVED 160 CLIENTS

4c (Code:) (Expenses \$ **348,698** including grants of \$) (Revenue \$ **101**)
DIRECTLY PROVIDED THE FOLLOWING SENIOR INFORMATION AND ASSISTANCE SERVICES:

FIELDIED 3,900 SENIOR INFORMATION AND REFERRAL CALLS TO APPROPRIATE SERVICES IN THE COMMUNITY.

3,108 INDIVIDUALS ASSISTED BY HICAP EMPLOYEES AND VOLUNTEERS WITH SELECTION OF MEDICARE PART D PLANS AND RESOLUTION OF OTHER MEDICARE QUESTIONS.

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

(Expenses \$ **577,958** including grants of \$) (Revenue \$ **416**)

4e Total program service expenses u \$ **2,071,059** (Must equal Part IX, Line 25, column (B).)

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 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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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 U.S.?		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 U.S.? 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 more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 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
21	Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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
25b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? 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

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	11		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	36		
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: u 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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
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?		X
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?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
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. Use Schedule J-2 if additional space is needed.

I List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

I 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.

I 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.

I 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 officer, director, trustee, or key employee.

(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			
DIANNE BENNETT DIRECTOR	1	X					0	0	0	
JUDY BENNETT DIRECTOR	1	X					0	0	0	
NYLE HENDERSON DIRECTOR	1	X					0	0	0	
SHARON MELLETT DIRECTOR	1	X					0	0	0	
VICTORIA ONSTINE DIRECTOR	1	X					0	0	0	
KAREN SUIKER DIRECTOR	1	X					0	0	0	
SCOTT SATTLER, MD DIRECTOR	1	X					0	0	0	
DORIS WHALEN DIRECTOR	1	X					0	0	0	
CYNTHIA DENBO EXEC DIR	35			X			69,312	0	12,416	
JOAN RAINWATER-GISH CHAIR	2			X			0	0	0	
SHARON HUNTER VICE-CHAIR	1			X			0	0	0	
JIM PEDROTTI SECRETARY	1			X			0	0	0	
STEVE BECKMAN TREASURER	1			X			0	0	0	

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	2,525				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,093,158				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	183,043				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	2,278,726				
	Program Service Revenue		Busn. Code				
2a PROGRAM REVENUE			517	517			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		u	517				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	12,000	12,000			
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross Rents	(i) Real	16,644				
		(ii) Personal					
	b Less: rental exps.		21,894				
	c Rental inc. or (loss)		-5,250				
	d Net rental income or (loss)	u	-5,250	-5,250			
	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)	u					
	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	u						
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	u						
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	u						
Miscellaneous Revenue	Busn. Code						
11a REAL ESTATE PARTNERSHIP		65,958			65,958		
b OTHER REVENUE		11,592	11,592				
c							
d All other revenue							
e Total. Add lines 11a-11d	u	77,550					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	u	2,363,543	18,859	0	65,958		

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	1,087,920	1,087,920		
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	81,423	14,704	63,130	3,589
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	588,202	435,677	151,705	820
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	81,333	64,359	16,818	156
10 Payroll taxes	54,679	37,416	16,957	306
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,050		10,050	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	271		271	
g Other	83,256	38,551	44,705	
12 Advertising and promotion	20,848	18,077	2,771	
13 Office expenses	65,654	37,322	24,916	3,416
14 Information technology	33,864	27,132	6,732	
15 Royalties				
16 Occupancy	231,543	91,332	140,211	
17 Travel	18,516	13,612	4,904	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,328	895	433	
20 Interest	103	8	95	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,173	4,790	16,383	
23 Insurance	10,126		10,126	
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 VOLUNTEER EXPENSE	39,582	39,582		
b PURCHASE OF SERVICES	18,441	18,441		
c FARMERS MRKT COUP DISTR	10,000	10,000		
d MISCELLANEOUS	9,980	5,676	4,304	
e ALLOCATED OVERHEAD		125,565	-126,808	1,243
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,468,292	2,071,059	387,703	9,530
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	119,184	1	136,401
	2	Savings and temporary cash investments	1,610,908	2	412,195
	3	Pledges and grants receivable, net	94,644	3	79,205
	4	Accounts receivable, net	71,667	4	60,728
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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	41,025	9	44,493
	10a	Land, buildings, and equipment: cost basis	1,396,064		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	123,957	10c	1,272,107
	11	Investments—publicly traded securities		11	
	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	10,000	15	10,000
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,085,840	16	2,015,129	
Liabilities	17	Accounts payable and accrued expenses	95,576	17	105,646
	18	Grants payable	27,743	18	51,215
	19	Deferred revenue	6,674	19	17,407
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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		24	
	25	Other liabilities. Complete Part X of Schedule D	5,911	25	3,950
	26	Total liabilities. Add lines 17 through 25	135,904	26	178,218
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	1,903,123	27	1,757,971
	28	Temporarily restricted net assets	46,813	28	78,940
	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	1,949,936	33	1,836,911	
34	Total liabilities and net assets/fund balances	2,085,840	34	2,015,129	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
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?	X	
b	If "Yes," did the organization undergo the required audit or audits?	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) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,303,651	2,299,944	2,287,022	2,344,638	2,278,726	11,513,981
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 1-3	2,303,651	2,299,944	2,287,022	2,344,638	2,278,726	11,513,981
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						11,513,981

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	2,303,651	2,299,944	2,287,022	2,344,638	2,278,726	11,513,981
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	39,798	55,975	69,705	60,646	28,644	254,768
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,503	25,367	6,855	24,048	78,067	142,840
11 Total support. Add lines 7 through 10						11,911,589
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2008 (line 6, column (f) divided by line 11, column (f))	14	96.6620 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.5048 %
16a 33 1/3 % support test—2008. 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—2007. 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—2008. 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—2007. 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) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) u	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. 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—2007. 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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

PROGRAM REVENUE \$ **65,290**

PARTNERSHIP INCOME \$ **65,958**

OTHER \$ **11,592**

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

AREA 1 AGENCY ON AGING

94-2673039

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?, 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

Table with 2 columns: u \$, u \$. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items., b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's 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 Trust, Escrow and Custodial Arrangements. Complete if 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 Investment earnings or 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 **u** _____ %
- b Permanent endowment **u** _____ %
- c Term endowment **u** _____ %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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) Depreciation	(d) Book value
1a Land		154,264		154,264
b Buildings		1,008,505	22,793	985,712
c Leasehold improvements		52,319	1,006	51,313
d Equipment		180,976	100,158	80,818
e Other				
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				u 1,272,107

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,363,543
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,468,292
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-104,749
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,578
9	Total adjustments (net). Add lines 4-8	9	-3,578
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-108,327

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,385,437
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,385,437
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-21,894
c	Add lines 4a and 4b	4c	-21,894
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	2,363,543

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,493,764
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	3,578
e	Add lines 2a through 2d	2e	3,578
3	Subtract line 2e from line 1	3	2,490,186
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-21,894
c	Add lines 4a and 4b	4c	-21,894
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	2,468,292

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER			
RENTAL EXPENSES		\$	21,894
UNREALIZED INVESTMENT LOSSES		\$	-3,578
		\$	-21,894
PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER			
RENTAL EXPENSES		\$	-21,894

Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
UNREALIZED INVESTMENT LOSSES \$ 3,578

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
\$ -21,894

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

u Attach to Form 990.

Name of the organization

AREA 1 AGENCY ON AGING

Employer identification number

94-2673039

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" on 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 **u**

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
	HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA CA 95501	94-2261434	3	401,522				SENIOR NUTRITION
	HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA CA 95501	94-2261434	3	52,698				OMBUDSMAN
	HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA CA 95501	94-2261434	3	214,147				LINKAGES
	HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA CA 95501	94-2261434	3	12,718				RESPITE PUR OF SERV
	HUMBOLDT SENIOR RESOURCE CENTER 1910 CALIFORNIA STREET EUREKA CA 95501	94-2261434	3	87,418				ALZ & ADULT DAY CARE
	DEL NORTE SENIOR CENTER 1765 NORTHCREST DRIVE CRESCENT CITY CA 95531	94-2321066	3	118,155	32,840	BOOK	2007 FORD	SENIOR NUTRITION
	K'IMA:W MEDICAL CENTER PO BOX 1288 HOOPA CA 95546	23-7428302		18,344				SENIOR NUTRITION
	HEALY SENIOR CENTER 456 BRICELAND ROAD REDWAY CA 95560	94-2762224	3	40,794				SENIOR NUTRITION
	FOOD FOR PEOPLE 307 W 14TH STREET EUREKA CA 95501	94-2772549	3	24,692				SENIOR BROWN BAG

- 2 Enter total number of section 501(c)(3) and government organizations **u** 8
- 3 Enter total number of other organizations **u** 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use 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
ANNUAL PROGRAMMATIC AND FISCAL ASSESSMENTS ARE PERFORMED ON EACH GRANTEE AS
REQUIRED BY THE CONTRACT WITH THE CALIFORNIA DEPARTMENT OF AGING. IN
ADDITION, A1AA STAFF PERFORMS MONTHLY OR QUARTERLY ANALYSES OF THE
GRANTEES' FINANCIAL REPORTS AND SERVICE UNIT DATA.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

u Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Department of the Treasury
Internal Revenue Service

Name of the organization

AREA 1 AGENCY ON AGING

Employer identification number

94-2673039

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

DIRECT NUTRITION SERVICES:

COORDINATED THE DISTRIBUTION OF 250 SETS OF SENIOR FARMERS

MARKET COUPONS

FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT

RESPITE PURCHASE OF SERVICE - PROVIDED FOR 1,257 HOURS OF

RESPITE CARE

ADULT DAY CARE SCHOLARSHIPS - PROVIDED 1,207 HOURS OF

ADULT DAY CARE FOR 17 INDIVIDUALS

OMBUDSMAN PRORAM - CLOSED OVER 215 CASES

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT

DISEASE PREVENTION AND MEDICATION MANAGEMENT: PROVIDED

"EXERCISE IS MEDICINE" INFORMATION TO 165 LOCAL HEALTH

PROVIDERS. PROVIDED MEDICATION AND FOOD INTERACTION

INFORMATION TO OVER 500 INDIVIDUALS.

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

CAREGIVER SERVICES - TRAINING AND SUPPORT FOR UNPAID

Name of the organization

AREA 1 AGENCY ON AGING

Employer identification number

94-2673039

FAMILY AND IHSS CARE PROVIDERS.

VOLUNTEER SERVICES - FACILITATION OF MEANINGFUL VOLUNTTER

OPPORTUNITIES TO CITIZENS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

MONITORING OF CONFLICT OF INTEREST POLICY IS ACHIEVED BY ANNUAL CALENDARING AND DISTRIBUTING THE CONFLICT OF INTEREST QUESTIONNAIRE TO MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PERSONNEL COMMITTEE CONDUCTS A PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR ANNUALLY AND PRESENTS THE RESULTS TO A CLOSED SESSION OF THE BOARD. THE EXECTIVE DIRECTOR'S COMPENSATION IS REVIEWED DURING THIS PROCESS.