

# Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

To be filed in the key district for the area in which the organization has its principal office or place of business.

This application, when properly completed, shall constitute the notice required under section 508(a) of the Internal Revenue Code in order that an applicant may be treated as described in section 501(c)(3) of the Code, and the notice under section 508(b) appropriate to an organization claiming not to be a private foundation within the meaning of section 509(a). (Read the instructions for each part carefully before making any entries.) The organization must have an organizing instrument (See Part II) before this application may be filed.

### Part I—Identification

|   |  |  |  |
|---|--|--|--|
| 1 Full name of organization<br>Area I Agency on Aging   |  | 2 Employer identification number<br>(If none, attach Form SS-4)<br>94-2673039                            |  |
| 3(a) Address (number and street)<br>3300 Glenwood Street  |  | Check here if applying under section:<br><input type="checkbox"/> 501(e) <input type="checkbox"/> 501(f) |  |
| 3(b) City or town, State and ZIP code<br>Eureka, CA 95501   |  | 4 Name and phone number of person to be contacted<br>Patricia A. Berg, Director 707-442-763              |  |
| 5 Month the annual accounting period ends<br>September 30th   | 6 Date incorporated or formed<br>June 10, 1980 | 7 Activity Codes<br>575   602  |  |
| 8(a) Has the organization filed Federal income tax returns? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If "Yes," state the form number(s), year(s) filed, and Internal Revenue Office where filed ▶              |  |  |  |
| 8(b) Has the organization filed exempt organization information returns? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span><br>If "Yes," state the form number(s), year(s) filed, and Internal Revenue Office where filed ▶ |  |  |  |

### Part II.—Type of Entity and Organizational Documents (See instructions)

Check the applicable entity box below and attach a conformed copy of the organization's organizing and operational documents as indicated for each entity.

Corporation—Articles of incorporation, bylaws.  Trust—Trust indenture.  Other—Constitution or articles, bylaws.

### Part III.—Activities and Operational Information

1 What are or will be the organization's sources of financial support? List in order of magnitude. If a portion of the receipts is or will be derived from the earnings of patents, copyrights, or other assets (excluding stock, bonds, etc.), identify such item as a separate source of receipts. Attach representative copies of solicitations for financial support.

1. Federal funds available under Older Americans Act.
2. Contributions from local governments (to supply "match" requirements for Federal funds).
3. Contributions from private charitable foundations (to supply "match" requirements for Federal funds).

2 Describe the organization's fund-raising program, both actual and planned, and explain to what extent it has been put into effect. (Include details of fund-raising activities such as selective mailings, formation of fund-raising committees, use of professional fund raisers, etc.)

The only fund-raising program extent with the Area I Agency on Aging is the preparation and submission of Request for Grants to various Federal agencies. Future requests for funds to augment the Federal funds may be made to local governments and private foundations. No professional fundraisers will be used.

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and I have examined this application, including the accompanying statements, and to the best of my knowledge it is true, correct and complete.

X   
 (Signature)

Vice-  
 President  
 (Title or authority of signer)

10/17/80  
 (Date)

(W. F. Landis)

**Part III.—Activities and Operational Information (Continued)**

3 Give a narrative description of the activities presently carried on by the organization, and those that will be carried on. If the organization is not fully operational, explain what stage of development its activities have reached, what further steps remain for the organization to become fully operational, and when such further steps will take place. The narrative should specifically identify the services performed or to be performed by the organization. (Do not state the purposes of the organization in general terms or repeat the language of the organizational documents.) If the organization is a school, hospital, or medical research organization, include sufficient information in your description to clearly show that the organization meets the definition of that particular activity that is contained in the instructions for Part VII-A.

The Area I Agency on Aging is a non-profit corporation designated by the California State Department of Aging as the coordinating body for Federal or State programs relating to older individuals, including those programs authorized by the California Department of Aging and the Older Americans Act of 1965 and its subsequent amendments.

The Area I Agency on Aging will develop a planning process which identifies potential community service areas for older individuals, and then facilitate targeting of services to those older persons in greatest economic and social need. The Agency will provide for an administrative and support staff to oversee and monitor the various grant programs which are targeted to the senior population within the service region of the Agency (Humboldt and Del Norte Counties), including those social and nutritional programs funded by the Comprehensive Older Americans Act Amendments signed into law by the President in 1978. Essentially, the goal of the agency is the development of comprehensive and coordinated delivery systems, the elimination of duplication and overlapping functions, the integration of social and nutritional services for elder persons.

**4 The membership of the organization's governing body is:**

| <b>(a) Names, addresses, and duties of officers, directors, trustees, etc.</b> | <b>(b) Specialized knowledge, training, expertise, or particular qualifications</b> |
|--|---|
| <p>*PLEASE SEE ATTACHMENT A</p>  |   |

**Part III.—Activities and Operational Information (Continued)**

- 4 (c) Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials?  Yes  No  
If "Yes," please name such persons and explain the basis of their selection or appointment.
- (d) Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See specific instructions 4(d).)  Yes  No  
If "Yes," please explain.
- (e) Have any members of the organization's governing body assigned income or assets to the organization?  Yes  No  
If "Yes," attach a copy of assignment(s) and a list of items assigned.
- (f) Is it anticipated that any current or future member of the organization's governing body will assign income or assets to the organization?  Yes  No  
If "Yes," explain fully on an attached sheet.
- 
- 5 Does the organization control or is it controlled by any other organization?  Yes  No  
Is the organization the outgrowth of another organization, or does it have a special relationship to another organization by reason of interlocking directorates or other factors?  Yes  No  
If either of these questions is answered "Yes," please explain.
- 
- 6 Is the organization financially accountable to any other organization?  Yes  No  
If "Yes," please explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been rendered.
- 
- 7 (a) What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain what stage of completion has been reached, what additional steps remain to be completed, and when such final steps will be taken.  
N/A
- (b) To what extent have you used, or do you plan to use contributions as an endowment fund, i.e., hold contributions to produce income for the support of your exempt activities?  
N/A
- 
- 8 (a) What benefits, services, or products will the organization provide with respect to its exempt function?  
The delivery of social and nutritional services to older individuals in Humboldt and Del Norte Counties, California.

Part III.—Activities and Operational Information (Continued)

8 (b) Have the recipients been required or will they be required to pay for the organization's benefits, services, or products? . . . . .  Yes  No
If "Yes," please explain and show how the charges are determined.

9 Does or will the organization limit its benefits, services or products to specific classes of individuals? . . . . .  Yes  No
If "Yes," please explain how the recipients or beneficiaries are or will be selected.
Programs will serve older individuals 60 years of age and over, pursuant to the Federal Older Americans Act.

10 Is the organization a membership organization? . . . . .  Yes  No
If "Yes," complete the following:
(a) Please describe the organization's membership requirements and attach a schedule of membership fees and dues.
(b) Describe your present and proposed efforts to attract members, and attach a copy of any descriptive literature or promotional material used for this purpose.
(c) Are benefits, services, or products limited to members? . . . . .  Yes  No
If "No," please explain.

11 Does or will the organization engage in activities tending to influence legislation or intervene in any way in political campaigns? . . . . .  Yes  No
If "Yes," please explain. (Note: You may wish to file Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditures to Influence Legislation.)

12 Does the organization have a pension plan for employees? . . . . .  Yes  No

13 (a) Are you filing Form 1023 within 15 months from the end of the first month in which you were created or formed as required by section 508(a) and the Regulations thereunder? (See general instruction B.) . . . . .  Yes  No
(b) If 13(a) is "No," and you are claiming that section 508(a) does not apply to you, attach an explanation of your basis for this claim.
(c) If 13(a) is "No," and section 508(a) does not apply to you, your exemption can be recognized only from the date this application is filed with your key District Director. Therefore, is it your intention that this application be considered as a request for recognition of exemption from the date the application is received and not retroactively to the date you were formed? . . . . .  Yes  No

Part IV.—Statement as to Private Foundation Status

1 Is the organization a private foundation? . . . . .  Yes  No
2 If question 1 is answered "No," indicate the type of ruling being requested as to the organization's status under section 509 by checking the applicable box(es) below:
(a) Definitive ruling under section 509(a)(1), (2), (3), or (4) check here  and complete Part VII.
(b) Advance ruling under section 170(b)(1)(A)(vi) or 509(a)(2)—See instructions.
(c) Extended advance ruling under section 170(b)(1)(A)(vi) or 509(a)(2)—See instructions.
3 If question 1 is answered "Yes" and the organization claims to be a private operating foundation, check here  and complete Part VIII.
(Note: If an extended advance ruling is desired you must check the appropriate boxes for both 2(b) and 2(c).)

Statement of Revenue and Expenses, for period ending August 31, 1980

|   |  |          |
|---|--|----------|
| Revenue   | 1 Gross contributions, gifts, grants and similar amounts received . . . . .                        | 56960.00 |
|   | 2 Gross dues and assessments of members . . . . .  |          |
|   | 3 Gross amounts derived from activities related to organization's exempt purpose . . . . .         |          |
|   | Minus cost of sales . . . . .  |          |
|   | 4 Gross amounts from unrelated business activities . . . . .                                       |          |
|   | Minus cost of sales . . . . .  |          |
|   | 5 Gross amount received from sale of assets, excluding inventory items (attach schedule) . . . . . |          |
| Minus cost or other basis and sales expenses of assets sold . . . . . |  |          |
| 6 Interest, dividends, rents and royalties . . . . .                  |  |          |
| 7 Total revenue . . . . .   |  |          |
| Expenses  | 8 Fund raising expenses . . . . .  |          |
|   | 9 Contributions, gifts, grants, and similar amounts paid (attach schedule) . . . . .               |          |
|   | 10 Disbursements to or for benefit of members (attach schedule) . . . . .                          |          |
|   | 11 Compensation of officers, directors, and trustees (attach schedule) . . . . .                   |          |
|   | 12 Other salaries and wages . . . . .  | 18797.86 |
|   | 13 Interest . . . . .  |          |
|   | 14 Rent . . . . .  | 2374.20  |
|   | 15 Depreciation and depletion . . . . .  |          |
|   | 16 Other (attach schedule) . . . . .   | 30761.77 |
|   | 17 Total expenses . . . . .  | 51933.83 |
|   | 18 Excess of revenue over expenses (line 7 minus line 17) . . . . .                                | 5026.17  |

| Balance Sheets  |  | Enter dates ▶ | Beginning date | Ending date |
|---|--|---------------|----------------|-------------|
| <b>Assets</b>   |  |               |                |             |
| 19 Cash (a) Interest bearing accounts . . . . .                                     |  |               |                |             |
| (b) Other . . . . .   |  |               |                | 6346.66     |
| 20 Accounts receivable, net . . . . .   |  |               |                |             |
| 21 Inventories . . . . .  |  |               |                |             |
| 22 Bonds and notes (attach schedule) . . . . .                                      |  |               |                |             |
| 23 Corporate stocks (attach schedule) . . . . .                                     |  |               |                |             |
| 24 Mortgage loans (attach schedule) . . . . .                                       |  |               |                |             |
| 25 Other investments (attach schedule) . . . . .                                    |  |               |                |             |
| 26 Depreciable and depletable assets (attach schedule) . . . . .                    |  |               |                |             |
| 27 Land . . . . .   |  |               |                |             |
| 28 Other assets (attach schedule) . Prepaid Insurance . . . . .                     |  |               |                | 255.00      |
| 29 Total assets . . . . .   |  |               |                | 6601.66     |
| <b>Liabilities</b>  |  |               |                |             |
| 30 Accounts payable . . . . .   |  |               |                |             |
| 31 Contributions, gifts, grants, etc., payable . . . . .                            |  |               |                |             |
| 32 Mortgages and notes payable (attach schedule) . . . . .                          |  |               |                |             |
| 33 Other liabilities (attach schedules) Employee Taxes payable . . . . .            |  |               |                | 1575.49     |
| 34 Total liabilities . . . . .  |  |               |                |             |
| <b>Fund Balance or Net Worth</b>  |  |               |                |             |
| 35 Total fund balance or net worth . . . . .  |  |               |                | 5026.17     |
| 36 Total liabilities and fund balance or net worth (line 34 plus line 35) . . . . . |  |               |                | 6601.66     |

Has there been any substantial change in any aspect of your financial activities since the period ending date shown above?  Yes  No  
 If "Yes," attach a detailed explanation.

| Part VI.—Required Schedules for Special Activities  | If "Yes," check here: | And, complete schedule— |
|---|-----------------------|-------------------------|
| 1 Is the organization, or any part of it, a school? . . . . .   |                       | A                       |
| 2 Does the organization provide or administer any scholarship benefits, student aid, etc.? . . . .                              |                       | B                       |
| 3 Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . . .                  |                       | C                       |
| 4 Is the organization, or any part of it, a hospital or a medical research organization? . . . . .                              |                       | D                       |
| 5 Is the organization, or any part of it, a home for the aged? . . . . .  |                       | E                       |
| 6 Is the organization, or any part of it, a litigating organization (public interest law firm or similar organization)? . . . . |                       | F                       |
| 7 Is the organization, or any part of it, formed to promote amateur sports competition? . . . . .                               |                       | G                       |

**Part VII.—Non-Private Foundation Status (Definitive ruling only)**

**A.—Basis for Non-Private Foundation Status**

The organization is not a private foundation because it qualifies as:

| ✓ | Kind of organization  | Within the meaning of                    | Complete    |
|---|---|--|-------------|
| 1 | a church  | Sections 509(a)(1) and 170(b)(1)(A)(i)   |             |
| 2 | a school  | Sections 509(a)(1) and 170(b)(1)(A)(ii)  |             |
| 3 | a hospital  | Sections 509(a)(1) and 170(b)(1)(A)(iii) |             |
| 4 | a medical research organization operated in conjunction with a hospital   | Sections 509(a)(1) and 170(b)(1)(A)(iii) |             |
| 5 | being organized and operated exclusively for testing for public safety  | Section 509(a)(4)                        |             |
| 6 | being operated for the benefit of a college or university which is owned or operated by a governmental unit   | Sections 509(a)(1) and 170(b)(1)(A)(iv)  | Part VII.-B |
| 7 | <input checked="" type="checkbox"/> normally receiving a substantial part of its support from a governmental unit or from the general public  | Sections 509(a)(1) and 170(b)(1)(A)(vi)  | Part VII.-B |
| 8 | normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions) | Section 509(a)(2)                        | Part VII.-B |
| 9 | being operated solely for the benefit of or in connection with one or more of the organizations described in 1 through 4, or 6, 7, and 8 above  | Section 509(a)(3)                        | Part VII.-C |

**B.—Analysis of Financial Support**

|   | (a) Most recent taxable year<br>4/1 -9/30<br>19.80. | (Years next preceding most recent taxable year) |             |             | (e) Total |
|---|---|---|-------------|-------------|-----------|
|   |   | (b) 19.....                                     | (c) 19..... | (d) 19..... |           |
| 1 Gifts, grants, and contributions received   | 64287   |   |             |             | 64287     |
| 2 Membership fees received  |   |   |             |             |           |
| 3 Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity which is not an unrelated business within the meaning of section 513                    |   |   |             |             |           |
| 4 Gross income from passive sources (see instructions for definition)   |   |   |             |             |           |
| 5 Net income from organization's unrelated business activities not included on line 4   |   |   |             |             |           |
| 6 Tax revenues levied for and either paid to or expended on behalf of the organization  |   |   |             |             |           |
| 7 Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge) |   |   |             |             |           |
| 8 Other income (not including gain or loss from sale of capital assets)—attach schedule.  |   |   |             |             |           |
| 9 Total of lines 1 through 8  | 64287   |   |             |             | 64287     |
| 10 Line 9 minus line 3  |   |   |             |             | -0-       |
| 11 Enter 2% of line 10, column (e) only   |   |   |             |             | -0-       |

12 If the organization has received any unusual grants during any of the above taxable years, attach a list for each year showing the name of the contributor, the date and amount of grant, and a brief description of the nature of such grant. Do not include such grants in line 1 above. (See instructions)

Part VII.—Non-Private Foundation Status (Definitive ruling only) (Continued)

B.—Analysis of Financial Support (Continued)

13 If the organization's non-private foundation status is based upon:

(a) Sections 509(a)(1) and 170(b)(1)(A)(iv) or (vi).—Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts for the entire period exceed the amount shown on line 11.

(b) Section 509(a)(2).—With respect to the amounts included on lines 1, 2, and 3, attach a list for each of the above years showing the name of and amount received from each person who is a "disqualified person."

With respect to the amount included in line 3, attach a list for each of the above years showing the name of and amount received from each payor (other than a "disqualified person") whose payments to the organization exceeded \$5,000. For this purpose, "payor" includes but is not limited to any organization described in sections 170(b)(1)(A)(i) through (vi) and any government agency or bureau.

C.—Supplemental Information Concerning Organizations Claiming Non-Private Foundation Status Under Section 509(a)(3)

1 Organizations supported by applicant organization:

Name and address of supported organization

Has the supported organization received a ruling or determination letter that it is not a private foundation by reason of section 509(a)(1) or (2)?

N/A

2 To what extent are the members of your governing board elected or appointed by the supported organization(s)?

3 What is the extent of common supervision or control that you and the supported organization(s) share?

4 To what extent do(es) the supported organization(s) have a significant voice in your investment policies, the making and timing of grants, and in otherwise directing the use of your income or assets?

5 As a result of the supported organization(s) being mentioned in your governing instrument, are you a trust which the supported organization(s) can enforce under State law and with respect to which the supported organization(s) can compel an accounting? [ ] Yes [ ] No
If "Yes," please explain.

6 What portion of your income do you pay to each supported organization and how significant is such support to each?

7 To what extent do you conduct activities which would otherwise be carried out by the supported organization(s)? For any such activities, please explain your reasoning as to why such activities would otherwise be carried on by the supported organization(s).

8 Is the applicant organization controlled directly or indirectly by one or more "disqualified persons" (other than one who is a disqualified person solely because he or she is a manager) or by an organization which is not described in section 509(a)(1) or (2)? [ ] Yes [ ] No
If "Yes," please explain.

**SCHEDULE A.—Schools, Colleges, and Universities**

1 Is the organization an instrumentality of a State or political subdivision of a State? . . . . .  Yes  No  
If "Yes," document this in Part III and do not complete items 2 through 8 of this schedule. (See instructions for Schedule A.)

2 Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to:  
(a) Admissions? . . . . .  Yes  No  
(b) Use of facilities or exercise of student privileges? . . . . .  Yes  No  
(c) Faculty or administrative staff? . . . . .  Yes  No  
(d) Scholarship or loan program? . . . . .  Yes  No  
If "Yes," for any of the above, please explain.

3 Does the organization include a statement in its charter, bylaws, or other governing instrument, or in a resolution of its governing body, that it has a racially nondiscriminatory policy as to students? . . . . .  Yes  No  
Attach whatever corporate resolutions or other official statements the organization has made on this subject.

4 (a) Has the organization made its racially nondiscriminatory policies known in a manner that brings such policies to the attention of all segments of the general community which it serves? . . . . .  Yes  No  
If "Yes," please describe how these policies have been publicized and state the frequency with which relevant notices or announcements have been made. If no such newspaper or media notices have been used, please explain.

(b) If applicable, attach clippings of any relevant newspaper notices or advertising, or copies of tapes or scripts used for media broadcasts. Also attach copies of brochures and catalogues dealing with student admissions, programs, and scholarships, as well as representative copies of all written advertising used as a means of informing prospective students of your programs.

5 Attach a numerical schedule showing the racial composition, as of the current academic year, and projected as far as may be feasible for the subsequent academic year, of: (a) Student body, (b) Faculty and administrative staff.

6 Attach a list showing the amount of scholarship and loan funds, if any, awarded to students enrolled and racial composition of the students who have received such awards.

7 (a) Attach a list of the organization's incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.  
(b) State whether any of the foregoing organizations have as an objective the maintenance of segregated public or private school education, and, if so, whether any of the foregoing individuals are officers or active members of such organizations.

8 Please indicate the public school district and county in which the organization is located.

**SCHEDULE B.—Organizations Providing Scholarship Benefits, Student Aid, etc. to Individuals**

1 (a) Please describe the nature of the scholarship benefit, student aid, etc., including the terms and conditions governing its use, whether a gift or a loan, and the amount thereof. If the organization has established or will establish several categories of scholarship benefits, identify each kind of such benefit and explain how the organization determines the recipients for each category. Attach a sample copy of any application the organization requires or will require of individuals to be considered for scholarship grants, loans or similar benefits. (Private foundations which make grants for travel, study or other similar purposes are required to obtain advance approval of scholarship procedures. See sections 53.4945-4 (c) and (d) of the Private Foundation Regulations.)

(b) If you desire us to consider this application as a request for approval of grant procedures in the event we determine that you are a private foundation, please check here . . . . .

**SCHEDULE C.—Successors to "For Profit" Institutions (Continued)**

**5** Has any property or equipment formerly used by the predecessor organization been rented to the applicant organization or will any such property be rented?  Yes  No  
 If "Yes," please explain and attach copies of all leases and contracts.

**6** Is the organization leasing or will it lease or otherwise make available any space or equipment to the owners, principal stockholders, or principal employees of the predecessor organization?  Yes  No  
 If "Yes," please explain and attach a list of such tenants and a copy of the lease for each such tenant.

**7** Were any new operating policies initiated as a result of the transfer of assets from a profit-making organization to a nonprofit organization?  Yes  No  
 If "Yes," please explain.

**SCHEDULE D.—Hospitals and Medical Research Organizations**

- Check here if you are claiming to be a hospital and complete the questions in Part I of this Schedule.
- Check here if you are claiming to be a medical research organization operated in connection with a hospital and complete the questions in Part II of this Schedule.

**Part I.—Hospitals**

**1** (a) How many doctors are on the hospital's courtesy staff?   
 (b) Do such doctors include all the doctors in the community?  Yes  No  
 If "No," please give the reasons why and explain how the courtesy staff is selected.

**2** Composition of board of directors or trustees. (If more space is needed, attach schedule.)

| Name and address | Occupation |
|------------------|------------|
|                  |            |
|                  |            |
|                  |            |
|                  |            |
|                  |            |
|                  |            |
|                  |            |
|                  |            |

**3** (a) Does the hospital maintain a full-time emergency room?  Yes  No  
 (b) What is the hospital's policy as to administering emergency services to persons without apparent means to pay?

(c) Does the hospital have any arrangements with police, fire, and voluntary ambulance services as to the delivery or admission of emergency cases?  Yes  No  
 Please explain.

**SCHEDULE E.—Homes for Aged**

- 1** What are the requirements for admission to residency? Explain fully and attach promotional literature and application forms.
- 
- 2** Does or will the home charge an entrance or founder's fee?  Yes  No  
If "Yes," please explain.
- 
- 3** What periodic fees or maintenance charges are or will be required of its residents?
- 
- 4 (a)** What established policy does the home have concerning residents who become unable to pay their regular charges?
- (b)** What arrangements does the home have or will it make with local and Federal welfare units, sponsoring organizations, or others to absorb all or part of the cost of maintaining such persons?
- 
- 5** What arrangements does or will the home have to provide for the health needs of its residents?
- 
- 6** In what way are the home's residential facilities designed to meet some combination of the physical, emotional, recreational, social, religious, and similar needs of the aged?
- 
- 7** Has the home established or will it establish any reserves for future expenditures?  Yes  No  
If "Yes," please state the source of such reserves and explain how they will be used.
- 
- 8** Attach a sample copy of the contract or agreement the organization makes with or requires of its residents.



# Area I Agency on Aging

3300 Glenwood Street

Eureka, California 95501

(707) 442-3763

## SCHEDULE OF OTHER EXPENSES

Line 16:

|                                |                    |
|--------------------------------|--------------------|
| Employee Benefits & P/R Taxes  | \$ 1668.75         |
| Travel - Volunteer & Staff     | 2989.57            |
| Equipment                      | 7788.13            |
| Consultants & Outside Services | 13,700.01          |
| Telephone                      | 1359.77            |
| Office Supplies & Postage      | 1379.91            |
| Printing & Advertising         | 1025.76            |
| Repairs & Maintenance          | 703.37             |
| Memberships & Subscriptions    | 146.50             |
| TOTAL:                         | <u>\$30,761.77</u> |

KZ/k1



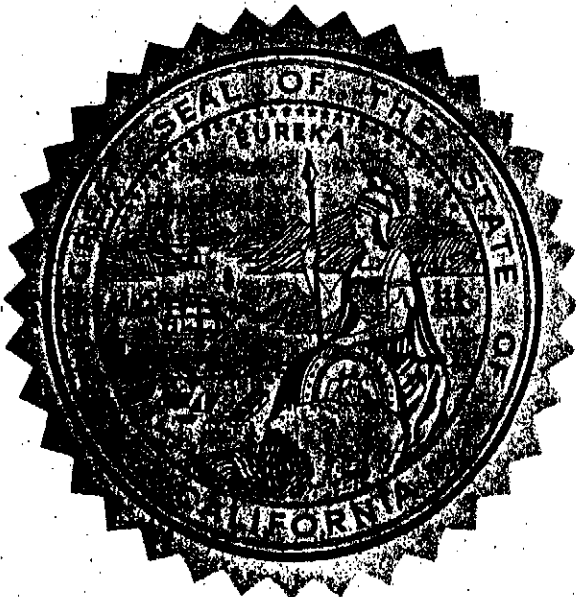
# State of California

OFFICE OF THE SECRETARY OF STATE

I, *MARCH FONG EU*, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute  
this certificate and affix the Great  
Seal of the State of California this



*March Fong Eu*

Secretary of State