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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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

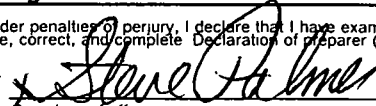
For the 2009 calendar year, or tax year beginning Jul 1, 2009, and ending Jun 30, 2010

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 Elderbridge Agency on Aging		D Employer Identification Number 42-1155559
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 22 North Georgia 216		E Telephone number (800) 243-0678
		City, town or country State ZIP code + 4 Mason City IA 50401		G Gross receipts \$ 5,578,898.
		F Name and address of principal officer Steve Palmer 125 9th St NW Mason City IA 50401		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) H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ www.elderbridge.org				
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶				
L Year of Formation 1980 M State of legal domicile IA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Provides meals, services to maintain independent living, case management, transportation, advocacy, health screenings, assistance with chores and home repair, and provides current information about community services to the elderly.</u>			
	2 Check this box ☐ 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 20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4 20	
	5 Total number of employees (Part V, line 2a)		5 30	
	6 Total number of volunteers (estimate if necessary)		6 150	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12		7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34		7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year 5,257,443.	Current Year 5,534,866.
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,330.	25,457.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,953.	18,575.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,276,726.	5,578,898.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,473,864.	3,690,052.
	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)		1,138,764.	1,261,280.
	16a Professional fundraising fees (Part IX, column (A), line 11e)			
	b Total fundraising expenses (Part IX, column (A), line 25) ▶ 0.			
Expenses	17 Other expenses (Part IX, column (A), lines 11f-14d, 11f-24f)		436,780.	347,551.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,049,408.	5,298,883.
	19 Revenue less expenses. Subtract line 18 from line 12		227,318.	280,015.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Year 2,155,425.	End of Year 2,582,749.
	21 Total liabilities (Part X, line 26)		513,022.	660,331.
	22 Net assets or fund balances. Subtract line 21 from line 20		1,642,403.	1,922,418.

Part III Signature Block

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 05/10/2011	
Paid Preparer's Use Only	Signature of preparer Steve Palmer		Date 5/10/2011	
	Preparer's signature JERILYN MAHER		Check if self-employed ☐	
	Firm's name (or yours if self-employed), address, and ZIP + 4 CORNWELL, FRIDERES, MAHER & ASSOC P.L.C. 714 14TH AVE. N FORT DODGE IA 50501		Preparer's identifying number (see instructions) (515) 955-4805	
	EIN 42-1155559		Phone no (515) 955-4805	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 07/20/09 Form 990 (2009)

SCANNED JUN 10 2011

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

Provides meals, services to maintain
independent living, case management, transportation, advocacy,
See Form 990, Page 2, Part III, Line 1 (continued)

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

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

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: _____) (Expenses \$ 2,729,619. including grants of \$ 2,176,196.) (Revenue \$ 1,093,875.)

In twenty counties, provides at a senior center, dining center or
a diner's home one hot or other appropriate meal that assures a
minimum of one-third of the recommended daily allowance.

4b (Code: _____) (Expenses \$ 421,927. including grants of \$ 384,221.) (Revenue \$ 0.)

In twenty counties, provide assistance to persons having difficulty
with one or more of the following instrumental activities of daily
living: preparing meals, shopping for personal items, managing
money, using the telephone or doing light housework.

4c (Code: _____) (Expenses \$ 760,062. including grants of \$ 316,020.) (Revenue \$ 575,538.)

In twenty counties, offers a system of coordinated assistance, which
ensures an approximate mix of services for the frail elderly so that
the individual has the least restrictive level of care. Activities
include assessing needs, developing care plans, arranging services,
coordinating the provision of services among providers, follow-up
and reassessment as required.

4d Other program services. (Describe in Schedule O.)(Expenses \$ 1,167,864. including grants of \$ 813,615.) (Revenue \$ 0.)**4e** Total program service expenses **▶** 5,079,472.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>		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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		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? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</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? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		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? <i>If 'Yes,' complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		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? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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 30		
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)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
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)?	4a		X
b If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		X
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers of key employees of the organization		X
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

▶ Lahoma Counts 22 North Georgia, Suite 216 Mason City IA 50501 (515) 424-6078

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees. See instructions for definition of 'key employees.'
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Dale Struecker Director/President	1.50	X		X				0.	0.	0.
Robert McKnight Director/VP	1.50	X		X				0.	0.	0.
Tom Fryett Director/Treasurer	1.50	X		X				0.	0.	0.
Karen Vander Lee Director/Secretary	1.50	X		X				0.	0.	0.
George Mack Director	1.50	X						0.	0.	0.
Jim Tierney Director	1.50	X						0.	0.	0.
Steve Palmer Director	1.50	X						0.	0.	0.
Steve Fitzgerald Director	1.50	X						0.	0.	0.
Larry Davis Director	1.50	X						0.	0.	0.
Frances Enger Director	1.50	X						0.	0.	0.
Catherine Butler Director	1.50	X						0.	0.	0.
Jim Swanson Director	1.50	X						0.	0.	0.
Neil Wubben Director	1.50	X						0.	0.	0.
Clint Fogde Director	1.50	X						0.	0.	0.
Duane Straus Director	1.50	X						0.	0.	0.
Alice Jones Director	1.50	X						0.	0.	0.
Sharon Rice Director	1.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(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			
Sharon Rice Director	1.50	X						0.	0.	0.
Gloria Morgan Director	1.50	X						0.	0.	0.
Lahoma Counts Executive Director	40.00			X				72,265.	0.	0.
1 b Total								72,265.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If 'Yes' complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

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	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c				
	d Related organizations	1 d				
	e Government grants (contributions)	1 e	4,194,582.			
	f All other contributions, gifts, grants, and similar amounts not included above . . .	1 f	1,340,284.			
	g Noncash contribns included in lns 1a-1f: \$					
	h Total. Add lines 1a-1f		5,534,866.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a -----					
	b -----					
	c -----					
	d -----					
	e -----					
	f All other program service revenue .					
	g Total. Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		25,457.	0.	0.	25,457.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a 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					
	9 a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a -----						
b -----						
c -----						
d All other revenue		18,575.	18,575.	0.	0.	
e Total. Add lines 11a-11d		18,575.				
12 Total revenue. See instructions		5,578,898.	18,575.	0.	25,457.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	3,690,052.	3,690,052.		
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	73,333.	0.	73,333.	0.
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	854,507.	819,493.	35,014.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	61,493.	54,288.	7,205.	0.
9 Other employee benefits	199,433.	187,997.	11,436.	0.
10 Payroll taxes	72,514.	64,225.	8,289.	0.
11 Fees for services (non-employees)				
a Management				
b Legal	1,420.	1,420.	0.	0.
c Accounting	30,587.	24,187.	6,400.	0.
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	39,556.	32,882.	6,674.	0.
14 Information technology	8,098.	8,098.	0.	0.
15 Royalties				
16 Occupancy	57,530.	57,530.	0.	0.
17 Travel	75,257.	50,748.	24,509.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	26,172.	0.	26,172.	0.
23 Insurance	7,164.	7,164.	0.	0.
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 Dues	8,615.	3,425.	5,190.	0.
b Printing & Publications	18,813.	18,813.	0.	0.
c Telephone	19,741.	19,741.	0.	0.
d Equipment rental & Maint	8,856.	8,856.	0.	0.
e Miscellaneous	4,959.	4,959.	0.	0.
f All other expenses	40,783.	25,594.	15,189.	0.
25 Total functional expenses. Add lines 1 through 24f	5,298,883.	5,079,472.	219,411.	0.
26 Joint costs. Check here ☐ 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				

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Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	300.	1	300.
	2 Savings and temporary cash investments	1,522,093.	2	1,449,858.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	534,532.	4	639,985.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	352,801.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	26,520.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 353,224.		
	b Less: accumulated depreciation.	10b 239,939.	98,500.	10c 113,285.
	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		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,155,425.	16	2,582,749.	
LIABILITIES	17 Accounts payable and accrued expenses	465,196.	17	642,845.
	18 Grants payable		18	
	19 Deferred revenue	47,826.	19	17,486.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	513,022.	26	660,331.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	1,601,881.	27	1,899,811.
	28 Temporarily restricted net assets	40,522.	28	22,607.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ 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, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	1,642,403.	33	1,922,418.
	34 Total liabilities and net assets/fund balances	2,155,425.	34	2,582,749.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

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

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

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

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

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

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

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Form 990 (2009)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	5,119,394.	5,232,978.	5,221,994.	5,257,443.	5,534,866.	26,366,675.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 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.						
4 Total. Add lines 1-through 3	5,119,394.	5,232,978.	5,221,994.	5,257,443.	5,534,866.	26,366,675.
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						26,366,675.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	5,119,394.	5,232,978.	5,221,994.	5,257,443.	5,534,866.	26,366,675.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,348.	44,235.	32,599.	17,330.	25,457.	148,969.
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.)	4,760.	6,800.	4,727.	1,953.	18,575.	36,815.
11 Total support. Add lines 7 through 10						26,552,459.
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 ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	99.30 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.40 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

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 ☐

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Schedule A (Form 990 or 990-EZ) 2009

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Other Income Part II, Line 10

Description: Miscellaneous contribution

2005: 4760.

2006: 6800.

2007: 4727.

2008: 1953.

2009: 18575.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- ▶ Complete if the organization answered 'Yes' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2009**Open to Public
Inspection**

Employer identification number

Elderbridge Agency on Aging

42-1155559

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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?		☐ Yes ☐ No
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 for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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 IV Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a 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 acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements Complete if 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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.

1a Beginning of year balance

b Contributions

c Net Investment earnings, gains, and losses

d Grants or scholarships

e Other expenditures for facilities and programs

f Administrative expenses

g End of year balance

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a					
1b					
1c					
1d					
1e					
1f					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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

(i) unrelated organizations

(ii) related organizations

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

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

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
1b Buildings				
1c Leasehold improvements				
1d Equipment		353,224.	239,939.	113,285.
1e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				113,285.

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Schedule D (Form 990) 2009

Part VII	Investments—Other Securities See Form 990, Part X, line 12.
-----------------	--

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

Part VIII	Investments—Program Related (See Form 990, Part X, line 13)
------------------	--

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		

Part IX	Other Assets (See Form 990, Part X, line 15)
----------------	---

(a) Description	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B), line 15)	

Part X	Other Liabilities (See Form 990, Part X, line 25)
---------------	--

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	5,578,898.
2	Total expenses (Form 990, Part IX, column (A), line 25)	5,298,883.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	280,015.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	280,015.

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	5,578,898.
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	5,578,898.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,578,898.

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

1	Total expenses and losses per audited financial statements	1	5,298,883.
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	5,298,883.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,298,883.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE I
(Form 990)

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

OMB No 1545-0047

2009

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Name of the organization

Elderbridge Agency on Aging

Employer identification number

42-1155559

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
<u>Active Seniors of Algona</u>							
<u>1306 N Main</u>							
<u>Algona IA 50511</u>	<u>42-1227954</u>		<u>69,925.</u>				<u>Meal program</u>
<u>Kossuth Regional Health C</u>							
<u>1515 South Phillips</u>			<u>16,519.</u>				<u>Personal care,</u>
<u>Algona IA 50511</u>							
<u>Audubon Co Public Health</u>							
<u>318 Leroy St #10</u>	<u>42-6004257</u>		<u>8,145.</u>				<u>Homemaker</u>
<u>Audubon IA 50025</u>							
<u>Sencar, Inc.</u>							
<u>PO Box 185</u>							
<u>Belmond IA 50421</u>	<u>42-1259743</u>		<u>62,036.</u>				<u>Meal program</u>
<u>St John Baptist Catholic</u>							
<u>PO Box 195</u>							
<u>Bancroft IA 50517</u>	<u>42-0680476</u>		<u>28,409.</u>				<u>Meal program</u>
<u>Bison Senior Citizens</u>							
<u>601 2nd St SW</u>							
<u>Buffalo Center IA 50424</u>	<u>42-1259743</u>		<u>28,402.</u>				<u>Meal program</u>
<u>Carroll Area Nursing Serv</u>							
<u>PO Box 683</u>							
<u>Carroll IA 51401</u>	<u>42-6004323</u>		<u>52,463.</u>				<u>Case managemen</u>
<u>Carroll Co Home Care Aide</u>							
<u>17436 Mahogany Ave</u>							
<u>Carroll IA 51401</u>	<u>42-0733472</u>		<u>62,384.</u>				<u>Homemaker, per</u>

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

TEEA3901 02/10/10

Schedule I (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009



Name of the organization

Elderbridge Agency on Aging

Employer identification number

42-1155559

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of grant or assistance
<u>Carroll Rotary</u>						
<u>302 E 7th St</u>						
<u>Carroll IA 51401</u>	<u>42-1061470</u>		<u>69,104.</u>			<u>Meal program</u>
<u>New Opportunities, Inc.</u>						
<u>Po Box 427</u>						
<u>Carroll IA 51401</u>	<u>42-0923412</u>		<u>24,700.</u>			<u>Chore</u>
<u>Region XII Council of Gov</u>						
<u>PO Box 768</u>						
<u>Carroll IA 51401</u>	<u>42-1017843</u>		<u>35,150.</u>			<u>Transportation</u>
<u>St. Anthony Home Health</u>						
<u>315 S Maple STE 2</u>						
<u>Carroll IA 51401</u>	<u>42-0733472</u>		<u>11,573.</u>			<u>Assesmente</u>
<u>Floyd County Public Health</u>						
<u>1003 Gilbert St</u>						
<u>Charles City IA 50616</u>	<u>42-6004361</u>		<u>14,962.</u>			<u>Homemaker</u>
<u>Sr. Citizens of Charles C</u>						
<u>1308 D St</u>						
<u>Charles City IA 50616</u>	<u>42-1133630</u>		<u>42,924.</u>			<u>Meal program</u>
<u>Wright County Dept of Hea</u>						
<u>115 1st Street SE</u>						
<u>Clarion IA 50525</u>	<u>42-6004388</u>		<u>58,423.</u>			<u>Homemaker, case</u>
<u>Wright County Medical Cen</u>						
<u>1316 S Main St</u>						
<u>Clarion IA 50525</u>	<u>42-6006268</u>		<u>35,673.</u>			<u>Meal program</u>
<u>Clear Lake Senior Citizen</u>						
<u>10 S 4th St</u>						
<u>Clear Lake IA 50428</u>	<u>42-1200173</u>		<u>40,227.</u>			<u>Meal program</u>
<u>-----</u>						
<u>-----</u>						
<u>-----</u>						

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

2009



Name of the organization		Employer identification number					
Elderbridge Agency on Aging		42-1155559					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Manna Inc. 15 Elm St Coon Rapids IA 50058	42-1105078		44,548.				Meal program
Crawford County Home Heal 105 N Main Denison IA 51442	42-6004496		16,895.				Homemaker
Iowa Legal Aid 1111 Muth St STE 230 Des Moines IA 50314	42-1079227		40,146.				Legal services
Concerned, Inc. 903 S Eastern Eagle Grove IA 50533	42-1038780		87,397.				Meal program
Good Neighbor Service Cou 2520 Lark Ave Exira IA 50076	42-0952742		75,892.				Meal program
Kum Along Sr. Citizens Cl PO Box 106 Forest City IA 50436	42-1085996		47,998.				Meal program
Winnebago County Public H 216 S 4th St Forest City IA 50426	42-6004670		25,467.				Personal care
Webster County Health Dep 330 1st Ave N Fort Dodge IA 50501	42-6004677		12,175.				Senior health
City of Fort Dodge 617 Central Ave Fort Dodge IA 50501	42-6004675		52,302.				Meal program

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009



Name of the organization		Employer identification number					
Elderbridge Agency on Aging		42-1155559					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Fort Dodge Housing Author 700 South 17th Fort Dodge IA 50501	42-1114635		31,553.				Meal program
Friendship Haven 420 Kenyon Rd Fort Dodge IA 50501			24,531.				Adult day care
Midas Council of Governme 602 1st Ave S Fort Dodge IA 50501			38,076.				Transportation
North Central Home Care 328 S 8th St Fort Dodge IA 50501			27,471.				Homemaker
Hancock County 545 State St Garner IA 50438	42-6004698		35,590.				Homemaker, med
City of Gowrie PO Box 168 Gowrie IA 50543	42-6004716		50,272.				Meal program
Upper Des Moines Opportun PO Box 519 Graettinger IA 51342	42-0923424		23,703.				Chore
Guthrie County Hospital 710 N 12th St Guthrie Center IA 50115			49,718.				Meal program
Guthrie County Public Hea 2002 State St STE1 Guthrie Center IA 50115	42-6004745		19,053.				Senior living

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009



Name of the organization

Elderbridge Agency on Aging

Employer identification number

42-1155559

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Franklin Co Home Care Ser 1600 Central Ave E Hampton IA 50441			16,734.			Homemaker
Franklin Co Public Health 1600 Central Ave Hampton IA 50441	42-6004752		11,471.			Senior health
Hampton Senior Citizens PO Box 424 Hampton IA 50441	42-1061652		68,719.			Meal program
Humboldt Co Memorial Hosp 1000 N 15th Humboldt IA 50548	42-6004453		66,929.			Meal program
Elderserve, LTD 700 S Grimmel RD Jefferson IA 50129	42-1134232		81,034.			Meal program
Greene Co Medical Ctr 1000 West Lincoln Way Jefferson IA 50129	42-6037888		24,588.			Material aid, s
ABC Club, Inc. PO Box 167 Kanawha IA 50447	42-1050927		24,942.			Meal program
Lake Mills Senior Citizen 205 S 4th Ave N Lake Mills IA 50450	42-1052536		35,415.			Meal program
Laurens Sr. Pioneers 219 E Myrtle St Laurens IA 50554	42-1069089		52,797.			Meal program

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009



Name of the organization		Employer identification number					
Elderbridge Agency on Aging		42-1155559					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Manly Sr. Citizens PO Box 484 Manly IA 50456	42-0681055		46,347.				Meal program
Manning Community Service 314 2nd St Manning IA 51455	42-1126662		50,470.				Meal program
Manson Golden Eagles PO Box 178 Manson IA 50563	42-1045317		54,910.				Meal program
Cerro Gordo Dept of Publi 22 N Georgia Suite 300 Mason City IA 50401	42-1351175		74,586.				Homemaker, Seni
Community Kitchen of Nort PO Box 58 Mason City IA 50402	42-1285253		19,489.				Meal program
Mason City Senior Center 326 Fourth St SE Mason City IA 50401	42-1068985		65,212.				Meal program
North IA Community Action 202 1st St SE Mason City IA 50402	42-0921505		24,700.				Chore
North IA Council of Gover 525 6th St SW Mason City IA 50401			42,067.				Transportation
Salvation Army 747 Village Green Drive Mason City IA 50401			41,442.				Adult day

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009



Name of the organization

Elderbridge Agency on Aging

Employer identification number

42-1155559

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)						
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of grant or assistance
Northwood Meals on Wheels 107 Shellrock Drive Northwood IA 50459	42-1032519		43,035.			Meal program
Worth Co Public Health 95 9th St No Northwood IA 50459	42-6005047		47,201.			Personal care,
Mitchell Co Health Care 415 Pleasant Street Osage IA 50461			34,020.			Case management
Osage Senior Citizens 827 Pleasant Street Osage IA 50461	42-1050299		74,344.			Meal program
Pocahontas County 21 3rd Ave NE Pocahontas IA 50574	42-6005125		45,746.			Personal care
Pocahontas Congregate Mea 22119 50th St Pocahontas IA 50574	42-1337186		39,495.			Meal program
Over 60 Social Club 915 Woodland Ave Riceville IA 50466	42-6240525		21,963.			Meal program
Sunset Generation PO Box 403 Rockford IA 50468	42-1071687		32,222.			Meal program
Calhoun County Dept of He 501 Ct Street Rockwell City IA 50579	42-6005168		32,870.			Senior health,

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number 42-1155559					
Elderbridge Agency on Aging							
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
Rockwell City Mobile Meal Po Box 123 Rockwell City IA 50579	42-1220979		58,380.				Meal program
Sac County Health Service 100 State St Sac City IA 50583	42-6005179		13,913.				Case management
Sixty Plus Nutrition Agen 1687 400th st Kiron IA 51448	42-1015510		236,554.				Meal program
Scranton Community Servic PO Box 147 Scranton IA 50462	42-1040152		22,760.				Meal program
St Ansgar Saints Sr Citiz PO Box 147 St Ansgar IA 50472	42-1059727		27,972.				Meal program
Stratford Lutheran Church 913 Burns Stratford IA 50249	42-1122600		21,395.				Meal program
Tri Center Association PO Box 70 Stuart IA 50250	42-1078215		60,044.				Meal program
Ventura Senior Citizens 604 West Lake St Ventura IA 50482	42-1111807		66,740.				Meal program
Hamilton Co Public Health 821 Seneca Street Webster City IA 50595	42-6005349		13,804.				Respite care, h

Open to Public Inspection

Elderbridge Agency on Aging

Part III Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Schedule I-1 (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Transactions with Interested Persons**

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

Elderbridge Agency on Aging

Employer identification number

42-1155559

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total					► \$					

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Central Services 2-5-12 Inc.	Executive director is pre	352,801.	Loaned money for a real estate purchase		X
Jean Palmer, Nurse	Wife of board member	0.	The wife of board member determines		X

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

Employer identification number

Elderbridge Agency on Aging

42-1155559

Pt VI-B, Line 12c This is monitored through contract wording and review of contracts

Pt VI-B, Line 15 The executive committee determines the salary of the director.

Pt VI-C, Line 19 All public filing and documents are available for inspection upon request at the Mason City office.

Pt VI-B, Line 11A It is reviewed by the executive director and approved by the board.

Schedule L, Part IV Wife of board member determines eligibility of clients

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:		
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to other organization(s)	1b	X
c	Gift, grant, or capital contribution from other organization(s)	1c	X
d	Loans or loan guarantees to or for other organization(s)	1d	X
e	Loans or loan guarantees by other organization(s)	1e	X
f	Sale of assets to other organization(s)	1f	X
g	Purchase of assets from other organization(s)	1g	X
h	Exchange of assets	1h	X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n	Sharing of paid employees	1n	X
o	Reimbursement paid to other organization for expenses	1o	X
p	Reimbursement paid by other organization for expenses	1p	X
q	Other transfer of cash or property to other organization(s)	1q	X
r	Other transfer of cash or property from other organization(s)	1r	X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) Central Services 2-5-12 Inc.	Loan receivable	352,801.
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

health screenings, assistance with chores and home repair, and
provides current information about community services to the elderly.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code:	Description:
Expenses	<u>1,167,864.</u> <u>Miscellaneous others services in the twenty county area</u>
Grants Of	<u>813,615.</u> <u>to assist the elderly such as adult day care, transportation,</u>
Revenue	<u>0.</u> <u>well elderly clinics, legal service, review prescriptions,</u>
	<u>caregiver support and provide information about</u>
	<u>community services.</u>

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	<u>Elderbridge Agency on Aging</u>	<u>42-1155559</u>
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	<u>22 North Georgia, #216</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<u>Mason City</u>	<u>IA 50401</u>

Check type of return to be filed (file a separate application for each return)

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (section 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► Lahoma Counts

Telephone No ► (515) 424-6078 FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year 20__ or
- ☒ tax year beginning Jul 1, 20 09, and ending Jun 30, 20 10

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 4-2009)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization Elderbridge Agency on Aging	Employer identification number 42-1155559 For IRS use only
	Number, street, and room or suite number. If a P.O. box, see instructions 22 North Georgia, #216	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Mason City IA 50401	

Check type of return to be filed (File a separate application for each return)

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (section 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

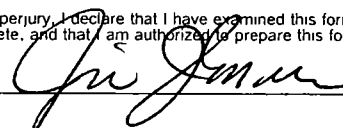
- The books are in care of **Lahoma Counts**
Telephone No **(515) 424-6078** FAX No _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **May 16**, 20 **11**
- 5 For calendar year _____, or other tax year beginning **Jul 1**, 20 **09**, and ending **Jun 30**, 20 **10**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **Not all the necessary tax and accounting data have been gathered to timely complete an accurate return. We therefore, respectfully request an additional extension of time in which to file such return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	8c \$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA**

Date **2-5-11**

BAA

FIFZ0502 03/11/09

Form 8868 (Rev 4-2009)

Cornwell, Frideres, Maher & Associates, P.L.C.
714 14th Avenue North
Fort Dodge, IA 50501