Return of Organization Exempt From Income Tax

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

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

B - Checking Off

<table>
<thead>
<tr>
<th>Check if applicable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address change</td>
</tr>
<tr>
<td>Name change</td>
</tr>
<tr>
<td>Initial return</td>
</tr>
<tr>
<td>Termination</td>
</tr>
<tr>
<td>Amended return</td>
</tr>
<tr>
<td>Application pending</td>
</tr>
</tbody>
</table>

C - Name of Organization

COUNCIL ON AGING OF WEST FLORIDA, INC.

D - Employer identification number

59-1373939

E - Telephone number

(850) 432-1475

G - Gross receipts

5,348,642

H(a) - Is this a group return for affiliates?

No

H(b) - Are all affiliates included?

No

J - Website

WWW.COAFLA.ORG

K - Type of organization

Corporation

L - Year of formation

1972

M - State of legal domicile

FL

Part I - Summary

1 - Briefly describe the organization’s mission or most significant activities: TO ASSIST, ENCOURAGE AND PROMOTE THE WELL BEING OF AGING INDIVIDUALS, REGARDLESS OF RACE, COLOR OR

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)

28

4 - Number of independent voting members of the governing body (Part VI, line 1b)

27

5 - Total number of employees (Part V, line 2a)

106

6 - Total number of volunteers (estimate if necessary)

829

7a - Total gross unrelated business revenue from Part VIII, line 12, column (C)

0

7b - Net unrelated business taxable income from Form 990-T, line 34

0

8 - Contributions and grants (Part VIII, line 1h)

3,111,690

9 - Program service revenue (Part VIII, line 2g)

868,806

10 - Investment income (Part VIII, column (A), lines 3, 4, and 7d)

12,225

11 - Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)

66,230

12 - Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

4,058,951

13 - Grants and similar amounts paid (Part IX, column (A), lines 1-3)

93,600

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)

16a - Professional fundraising fees (Part IX, column (A), line 11e)

17 - Total fundraising expenses (Part IX, column (D), line 25)

4,448,245

18 - Total expenses. Add line 13-17 (must equal Part IX, column (A), line 25)

4,541,845

19 - Revenue less expenses. Subtract line 18 from line 12

-84,858

Beginning of Year

End of Year

20 - Total assets (Part X, line 16)

1,949,287

21 - Total liabilities (Part X, line 26)

1,440,459

22 - Net assets or fund balances. Subtract line 21 from line 20

508,828

Part II - Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

JOHN B. CLARK, EXECUTIVE DIRECTOR

Date

06/01/09

Preparer’s name

DAVID LISTER, CPA

Preparer’s signature

06/01/09

Check if self-employed

Date

Preparer’s identifying number

(850) 435-8300

EIN

Phone no.

X - Yes

No

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2006)
Briefly describe the organization's mission:
TO ASSIST, ENCOURAGE AND PROMOTE THE WELL BEING OF AGING INDIVIDUALS,
REGARDLESS OF RACE, COLOR OR CREED.

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.

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.

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 $466,628. including grants of $ ) (Revenue $ )
HOME DELIVERED MEALS

4b (Code: ) (Expenses $492,802. including grants of $ ) (Revenue $ )
CONGREGATE MEALS

4c (Code: ) (Expenses $707,112. including grants of $ ) (Revenue $ )
CASE MANAGEMENT

4d Other program services. (Describe in Schedule O.)
(Expenses $2,859,378. including grants of $ ) (Revenue $ )

4e Total program service expenses $4,525,920. (Must equal Part IX, Line 25, column (B).)
Part IV Checklist of Required Schedules

1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
   - Yes, complete Schedule A

2. Is the organization required to complete Schedule B, Schedule of Contributors?

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

4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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 II

6. Did the organization maintain any donor advised funds or any accounts in which 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

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

8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10. Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11. Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12. Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13. Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a. Did the organization maintain an office, employees, or agents outside of the U.S.?
   - Yes, complete Schedule F, Part I

b. Did the organization have aggregate revenues or expenses of more than $10,000 from granting, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

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

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

17. Did the organization report more than $15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18. Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19. Did the organization report more than $15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20. Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21. Did the organization report more than $5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22. Did the organization report more than $5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23. Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

24a. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K, if "No," go to question 25

b. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c. Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d. Did the organization act in an "on behalf of" issuer for bonds outstanding at any time during the year?

25a. Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b. Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26. Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:
   a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
      28a X
   b Have a family member who had a direct or indirect business relationship with the organization?
      If "Yes," complete Schedule L, Part IV
      28b X
   c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV
      28c X
29 Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M
      29 X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
      30 X
31 Did the organization liquidate, terminate, or dissolve and cease operations?
   If "Yes," complete Schedule N, Part I
      31 X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
      32 X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
      33 X
34 Was the organization related to any tax-exempt or taxable entity?
   If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
      34 X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?
   If "Yes," complete Schedule R, Part V, line 2
      35 X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
   If "Yes," complete Schedule R, Part V, line 2
      36 X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
      37 X
**Part V  Statements Regarding Other IRS Filings and Tax Compliance**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -O if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter -O if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>106</td>
<td></td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; provide an explanation in Schedule O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4b If &quot;Yes,&quot; enter the name of the foreign country:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5c If &quot;Yes,&quot; to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Did the organization solicit any contributions that were not tax deductible?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Organizations that may receive deductible contributions under section 170(c).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>d If &quot;Yes,&quot; indicate the number of Forms 8282 filed during the year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excessive business holdings at any time during the year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Did the organization make any taxable distributions under section 4966?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Section 501(c)(7) organizations. Enter: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Initiation fees and capital contributions included on Part VIII, line 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Section 501(c)(12) organizations. Enter: N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Gross income from members or shareholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; enter the amount of tax-exempt interest received or accrued during the year</td>
<td>N/A</td>
<td>12b</td>
</tr>
</tbody>
</table>
Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a Enter the number of voting members of the governing body ........................................... 1a 2 8
b Enter the number of voting members that are independent ........................................... 1b 2 7

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? ................................................................. 2 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? ................................................................. 3 x

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? ................................................................. 4 x

5 Did the organization become aware during the year of a material diversion of the organization's assets? ................................................................. 5 x

6 Does the organization have members or stockholders? ................................................................. 6 x

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? ................................................................. 7a x
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? ................................................................. 7b x

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
a The governing body? ................................................................. 8a x
b Each committee with authority to act on behalf of the governing body? ................................................................. 8b x

9a Does the organization have local chapters, branches, or affiliates? ................................................................. 9a 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? ................................................................. 9b

10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 ................................................................. 10 x

11 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 ................................................................. 11 x

Section B. Policies

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 ................................................................. 12a x
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ................................................................. 12b 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 ................................................................. 12c x

13 Does the organization have a written whistleblower policy? ................................................................. 13 x

14 Does the organization have a written document retention and destruction policy? ................................................................. 14 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? ................................................................. 15a x
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) ................................................................. 15b x

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? ................................................................. 16a 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? ................................................................. 16b

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: NONE

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 [x] 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: LAURA GARRETT - (850) 432-1475

875 ROYCE STREET, PENSACOLA, FL 32503

Form 990 (2008)
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

- 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 officer, director, trustee, or key employee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>SUE STRAUGHN</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DONA USRY</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>P. C. WU</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
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<tr>
<td>SECRETARY</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
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</tr>
<tr>
<td>LARRY MOSLEY</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
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</tr>
<tr>
<td>TREASURER</td>
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<td>X</td>
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<tr>
<td>DEEDEE RITCHIE</td>
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<td>X</td>
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</tr>
<tr>
<td>MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
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</tr>
<tr>
<td>JEFF ROCK</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>MEMBER</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>ANN BROWN</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>MEMBER</td>
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<tr>
<td>MARK HARDEN</td>
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<tr>
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<tr>
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<tr>
<td>DR. DONNA JACOBI</td>
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<td>X</td>
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<td>HUNTER WALKER</td>
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<td>X</td>
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</tr>
<tr>
<td>DENISE WINDHAM</td>
<td>1.00</td>
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<tr>
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<tr>
<td>DR. THOMAS LAMPONE</td>
<td>1.00</td>
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<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
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<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Name and title</td>
<td>Average hours per week</td>
<td>Position (check all that apply)</td>
<td>Reportable compensation from the organization (W-2/1099-MISC)</td>
<td>Reportable compensation from related organizations (W-2/1099-MISC)</td>
<td>Estimated amount of other compensation from the organization and related organizations</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------</td>
<td>--------------------------------</td>
<td>--------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>MARIE YOUNG</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JAMES M. NOVOTA</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NORA BAILEY</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARY-KATHRYN BRUMMETT</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MALCOM BALLINGER</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATRICE CAVANAUGH</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BONNIE JONES</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEG PELTIER</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RODGER DOYLE</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KATHLEEN LOGAN</td>
<td>1.00 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>168,574.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization: **0**

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: **X**

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: **X**

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: **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.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>VALLEY INNOVATIVE FOODS</td>
<td>MEALS</td>
<td>594,887.</td>
</tr>
<tr>
<td>P.O. BOX 5454, JACKSON, MS 39288</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HOME INSTEAD SENIOR CARE</td>
<td>VARIOUS IN-HOME SERVICES</td>
<td>314,935.</td>
</tr>
<tr>
<td>4300 BAYOU BLVD., PENSACOLA, FL 32503</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TENDOR LOVING CARE SITTERS</td>
<td>VARIOUS IN-HOME SERVICES</td>
<td>263,796.</td>
</tr>
<tr>
<td>4400 BAYOU BLVD., PENSACOLA, FL 32503</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INTERIM HEALTHCARE, PENSACOLA, FL 32526</td>
<td></td>
<td>219,428.</td>
</tr>
<tr>
<td>PENSACOLA BAY TRANSPORTATION</td>
<td>TRANSPORTATION</td>
<td>124,613.</td>
</tr>
<tr>
<td>3100 MCCORMICK STREET, PENSACOLA, FL 32514</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization: **5**
**Part VIII | Statement of Revenue**

<table>
<thead>
<tr>
<th>Contributions, gifts, grants and other similar amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 a Federated campaigns</td>
<td>1a 50,079</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Membership dues</td>
<td>1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Fundraising events</td>
<td>1c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Government grants (contributions)</td>
<td>1e 3,982,724</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f 544,926</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Noncash contributions included in lines 1a-1f; 3</td>
<td>367,511</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total, Add lines 1a-1f</td>
<td>4577729</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2 a MEDICAID</td>
<td></td>
<td>582,629</td>
<td>582,629</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b PRIVATE PAY</td>
<td></td>
<td>104,464</td>
<td>104,464</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c PARTICIPANT CONTRIBUT</td>
<td></td>
<td>68,977</td>
<td>68,977</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total, Add lines 2a-2f</td>
<td></td>
<td>756,070</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Investment income (including dividends, interest, and other similar amounts) | 3,903. | 3,903. |
| Income from investment of tax-exempt bond proceeds | 3,903 | 3,903 |

<table>
<thead>
<tr>
<th>Royalties</th>
<th>(I) Real</th>
<th>(II) Personal</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6 a Gross Rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 a Gross amount from sales of assets other than inventory</td>
<td>(I) Securities</td>
<td>(II) Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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 | | | | | | |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
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<th></th>
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</thead>
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<tr>
<td>11 a MISC. REVENUE</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Total, Add lines 11a-11d</td>
<td></td>
<td>10,940</td>
<td>10,940</td>
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</tbody>
</table>

<p>| Total Revenue, Add lines 1b, 2g, 3, 4, 6d, 7d, 8b, 9c, 10a, and 11e | 5348642. | 777,913. | 0. | 0. |                             |                             |</p>
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the U.S. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>168,574</td>
<td>168,574</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>1,167,735</td>
<td>934,574</td>
<td>233,161</td>
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<td>8</td>
<td>Pension plan contributions (include section 401(k) and section 403(b) employer contributions)</td>
<td>34,392</td>
<td>28,866</td>
<td>5,526</td>
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<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>128,937</td>
<td>90,922</td>
<td>38,015</td>
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<tr>
<td>10</td>
<td>Payroll taxes</td>
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</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td>118</td>
<td></td>
<td>118</td>
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</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>42,564</td>
<td></td>
<td>42,564</td>
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</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td>2,000</td>
<td></td>
<td>2,000</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services, See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other</td>
<td>1,793</td>
<td>1,739</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>8,325</td>
<td>7,182</td>
<td>1,143</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>29,208</td>
<td>14,685</td>
<td>14,523</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>12,461</td>
<td>8,255</td>
<td>4,206</td>
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<tr>
<td>15</td>
<td>Royalties</td>
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<tr>
<td>16</td>
<td>Occupancy</td>
<td>37,330</td>
<td>12,650</td>
<td>24,680</td>
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</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>61,708</td>
<td>53,441</td>
<td>8,267</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td>23,929</td>
<td></td>
<td>23,929</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>56,952</td>
<td></td>
<td>56,952</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>44,636</td>
<td>40,095</td>
<td>4,541</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>SUBCONTRACTOR EXPENSE</td>
<td>2,053,655</td>
<td>2,051,513</td>
<td>2,142</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>IN-KIND EXPENSE</td>
<td>362,511</td>
<td>87,174</td>
<td>275,337</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>VOLUNTEER EXPENSE</td>
<td>318,930</td>
<td>318,886</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>EMPLOYEE LEASING EXPENSE</td>
<td>214,474</td>
<td>151,239</td>
<td>63,235</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>MISCE EXPENSE</td>
<td>141,393</td>
<td>75,800</td>
<td>65,593</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>All other expenses</td>
<td>156,940</td>
<td>648,899</td>
<td>-491,959</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24f</td>
<td>5,068,565</td>
<td>4,525,920</td>
<td>542,645</td>
<td>0</td>
</tr>
<tr>
<td>26</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part X Balance Sheet

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>109,357.1</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>49,989.2</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>54,250.3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>532,643.4</td>
</tr>
<tr>
<td>5</td>
<td>Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>10,114.9</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost basis</td>
<td>1,299,238.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation. Complete Part VI of Schedule D</td>
<td>397,548.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>272,762.11</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>11,936.15</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>1,949,287.16</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>770,983.17</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>81,022.19</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>568,620.23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>1,440,459.26</td>
</tr>
</tbody>
</table>

### Organizations that follow SFAS 117, check here and complete lines 27 through 29, and lines 33 and 34.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>435,766.27</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>73,062.28</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
</tr>
</tbody>
</table>

### Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.

<table>
<thead>
<tr>
<th></th>
<th>(A)</th>
<th>(B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>508,828.33</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>1,949,287.34</td>
</tr>
</tbody>
</table>

### Part XI Financial Statements and Reporting

#### Yes No

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash Accrual Other</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits?</td>
<td></td>
</tr>
</tbody>
</table>
Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization: COUNCIL ON AGING OF WEST FLORIDA, INC.
Employer identification number: 59-1373939

Part I | Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1. [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2. [ ] A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3. [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
4. [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5. [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6. [ ] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7. [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8. [ ] A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)
9. [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)

10. [ ] An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11. [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
   a. [ ] Type I
   b. [ ] Type II
   c. [ ] Type III - Functionally Integrated
   d. [ ] Type III - Other

11. [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box: [ ]

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? [ ]
   Yes [ ] No [ ]
   11g(i)

(ii) A family member of a person described in (i) above? [ ]
   Yes [ ] No [ ]
   11g(ii)

(iii) A 35% controlled entity of a person described in (i) or (ii) above? [ ]
   Yes [ ] No [ ]
   11g(iii)

h. Provide the following information about the organizations the organization supports.

<table>
<thead>
<tr>
<th>(i) Name of supported organization</th>
<th>(ii) EIN</th>
<th>(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))</th>
<th>(iv) Is the organization in col. (i) listed in your governing document?</th>
<th>(v) Did you notify the organization in col. (i) of your support?</th>
<th>(vi) Is the organization in col. (i) organized in the U.S.?</th>
<th>(vii) Amount of support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

83202 1 12-17-08
### Section A. Public Support

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received</td>
<td>2,098,206</td>
<td>5,823,584</td>
<td>3,688,034</td>
<td>3,122,085</td>
<td>4,564,939</td>
<td>19,296,848</td>
</tr>
<tr>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td>2,098,206</td>
<td>5,823,584</td>
<td>3,688,034</td>
<td>3,122,085</td>
<td>4,564,939</td>
<td>19,296,848</td>
</tr>
<tr>
<td>Total</td>
<td>2,098,206</td>
<td>5,823,584</td>
<td>3,688,034</td>
<td>3,122,085</td>
<td>4,564,939</td>
<td>19,296,848</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Year</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts from line 4</td>
<td>2,098,206</td>
<td>5,823,584</td>
<td>3,688,034</td>
<td>3,122,085</td>
<td>4,564,939</td>
<td>19,296,848</td>
</tr>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td>7,778</td>
<td>11,793</td>
<td>7,699</td>
<td>12,225</td>
<td>1,903</td>
<td>41,398</td>
</tr>
<tr>
<td>Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>67,118</td>
<td>17,429</td>
<td>60,564</td>
<td>10,940</td>
<td>156,051</td>
<td>19,494,297</td>
</tr>
<tr>
<td>Total support</td>
<td>2,098,206</td>
<td>5,823,584</td>
<td>3,688,034</td>
<td>3,122,085</td>
<td>4,564,939</td>
<td>19,296,848</td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Year</th>
<th>2008</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public support percentage for 2008 (line 6, column (f)) divided by line 11, column (f)</td>
<td>98.99</td>
<td>%</td>
</tr>
<tr>
<td>Public support percentage from 2007 Schedule A, Part IV-A, line 26f</td>
<td>99.13</td>
<td>%</td>
</tr>
</tbody>
</table>

### Other Tests

- **16a 33 1/3% support test - 2008**: Not applicable.
- **b 33 1/3% support test - 2007**: Not applicable.
- **17a 10% -facts-and-circumstances test - 2008**: Not applicable.
- **b 10% -facts-and-circumstances test - 2007**: Not applicable.
- **18 Private foundation**: Not applicable.
### Section A. Public Support

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 1 - 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7a Amounts included on lines 1, 2, and 3 received from disqualified persons |          |          |          |          |          |           |
7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000 |          |          |          |          |          |           |
7c Add lines 7a and 7b |          |          |          |          |          |           |

**Public support (Subtract line 7 from line 6)** |          |          |          |          |          |           |

### Section B. Total Support

**Calendar year (or fiscal year beginning in):**

<table>
<thead>
<tr>
<th></th>
<th>(a) 2004</th>
<th>(b) 2005</th>
<th>(c) 2006</th>
<th>(d) 2007</th>
<th>(e) 2008</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 |          |          |          |          |          |           |
10c Add lines 10a and 10b |          |          |          |          |          |           |
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on |          |          |          |          |          |           |
12 Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) |          |          |          |          |          |           |
13 **Total support (Add lines 9, 10c, 11, and 12)** |          |          |          |          |          |           |

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

### Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 % |
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 % |

### Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.
**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- To be completed by organizations described below.  
- Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 48 (Political Campaign Activities), then
  - Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
  - Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
  - Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
  - Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
  - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then
  - Section 501(c)(4), (5), or (6) organizations: Complete Part III.

### COUNCIL ON AGING OF WEST FLORIDA, INC.

**Employer Identification number** 59-1373939

#### Part I-A  
To be completed by all organizations exempt under section 501(c) and section 527 organizations.

See the instructions for Schedule C for details.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Provide a description of the organization's direct and indirect political campaign activities in Part IV.</td>
</tr>
<tr>
<td>2</td>
<td>Political expenditures $</td>
</tr>
<tr>
<td>3</td>
<td>Volunteer hours</td>
</tr>
</tbody>
</table>

#### Part I-B  
To be completed by all organizations exempt under section 501(c)(3).

See the instructions for Schedule C for details.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the amount of any excise tax incurred by the organization under section 4955 $</td>
</tr>
<tr>
<td>2</td>
<td>Enter the amount of any excise tax incurred by organization managers under section 4955 $</td>
</tr>
<tr>
<td>3</td>
<td>If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No</td>
</tr>
<tr>
<td>4a</td>
<td>Was a correction made? Yes No</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; describe in Part IV.</td>
</tr>
</tbody>
</table>

#### Part I-C  
To be completed by all organizations exempt under section 501(c), except section 501(c)(3).

See the instructions for Schedule C for details.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the amount directly expended by the filing organization for section 527 exempt function activities $</td>
</tr>
<tr>
<td>2</td>
<td>Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities $</td>
</tr>
<tr>
<td>3</td>
<td>Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $</td>
</tr>
<tr>
<td>4</td>
<td>Did the filing organization file Form 1120-POL for this year? Yes No</td>
</tr>
<tr>
<td>5</td>
<td>State the names, addressess and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds. If none, enter 0.</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter 0.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
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<td></td>
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</tr>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

LHA  
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
Schedule C (Form 990 or 990-EZ) 2008
Schedule C (Form 990 or 990-EZ) 2008  COUNCIL ON AGING OF WEST FLORIDA, INC. 59-1373939  Page 2

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

A Check □ if the filing organization belongs to an affiliated group.
B Check □ if the filing organization checked box A and "limited control" provisions apply.

<table>
<thead>
<tr>
<th>Limits on Lobbying Expenditures</th>
<th>(a) Filing organization's totals</th>
<th>(b) Affiliated group totals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1 a</strong> Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b</strong> Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c</strong> Total lobbying expenditures (add lines 1a and 1b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d</strong> Other exempt purpose expenditures</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e</strong> Total exempt purpose expenditures (add lines 1c and 1d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>f</strong> Lobbying nontaxable amount. Enter the amount from the following table in both columns.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the amount on line 1e, column (a) or (b) is:</td>
<td>The lobbying nontaxable amount is:</td>
<td></td>
</tr>
<tr>
<td>Not over $500,000</td>
<td>20% of the amount on line 1e.</td>
<td></td>
</tr>
<tr>
<td>Over $500,000 but not over $1,000,000</td>
<td>$100,000 plus 15% of the excess over $500,000.</td>
<td></td>
</tr>
<tr>
<td>Over $1,000,000 but not over $1,500,000</td>
<td>$175,000 plus 10% of the excess over $1,000,000.</td>
<td></td>
</tr>
<tr>
<td>Over $1,500,000 but not over $17,000,000</td>
<td>$225,000 plus 5% of the excess over $1,500,000.</td>
<td></td>
</tr>
<tr>
<td>Over $17,000,000</td>
<td>$1,000,000.</td>
<td></td>
</tr>
</tbody>
</table>

| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. Enter -0- if line g is more than line a | | |
| i Subtract line 1f from line 1c. Enter -0- if line f is more than line c | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | □ Yes □ No |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

<table>
<thead>
<tr>
<th>Lobbying Expenditures During 4-Year Averaging Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar year (or fiscal year beginning in)</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>2 a Lobbying non-taxable amount</td>
</tr>
<tr>
<td>b Lobbying ceiling amount (150% of line 2a, column(e))</td>
</tr>
<tr>
<td>c Total lobbying expenditures</td>
</tr>
<tr>
<td>d Grassroots non-taxable amount</td>
</tr>
<tr>
<td>e Grassroots ceiling amount (150% of line 2d, column(e))</td>
</tr>
<tr>
<td>f Grassroots lobbying expenditures</td>
</tr>
</tbody>
</table>

Schedule C (Form 990 or 990-EZ) 2008
### Part II-B
To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>a Volunteers?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>b Paid staff or management (include compensation in expenses reported on lines 1c through 1I)?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>c Media advertisements?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>d Mailings to members, legislators, or the public?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>e Publications, or published or broadcast statements?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>f Grants to other organizations for lobbying purposes?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>g Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>i Other activities? If &quot;Yes,&quot; describe in Part IV</td>
<td>X</td>
</tr>
<tr>
<td>2a</td>
<td>j Total lines 1c through 1l</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>b If &quot;Yes,&quot; enter the amount of any tax incurred under section 4912</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c If &quot;Yes,&quot; enter the amount of any tax incurred by organization managers under section 4912</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</td>
<td></td>
</tr>
</tbody>
</table>

### Part III-A
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were substantially all (90% or more) dues received nondeductible by members?</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Did the organization agree to carryover lobbying and political expenditures from the prior year?</td>
<td>3</td>
</tr>
</tbody>
</table>

### Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dues, assessments and similar amounts from members</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Current year</td>
<td>2a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Carryover from last year</td>
<td>2b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Total</td>
<td>2c</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

### Part IV
Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 11. Also, complete this part for any additional information.

**PART II-B, LINE 1(i), OTHER LOBBYING ACTIVITIES:**

**THE ORGANIZATION CONTRIBUTED TO HIRE A LOBBYIST THROUGH THE FLORIDA COUNCIL ON AGING.**
Schedule D
(Form 990)

Supplemental Financial Statements

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

Name of the organization
COUNCIL ON AGING OF WEST FLORIDA, INC. 59-1373939

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

1 Total number at end of year ........................................
(a) Donor advised funds ........................................
(b) Funds and other accounts ........................................

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 other impermissible private benefit? □ Yes □ No

Part II 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-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax 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 taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? □ Yes □ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? □ 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 III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
   (i) Revenues included in Form 990, Part VIII, line 1 ........................................ ▶ $
   (ii) Assets included in Form 990, Part X ........................................ ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
   a Revenues included in Form 990, Part VIII, line 1 ........................................ ▶ $
   b Assets included in Form 990, Part X ........................................ ▶ $
Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a [ ] Public exhibition  
b [ ] Scholarly research  
c [ ] Preservation for future generations  

d [ ] Loan or exchange programs  
e [ ] Other  

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  
   Yes [ ]  No [ ]

Part IV | Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  
   Yes [ ]  No [ ]

b If "Yes," explain the arrangement in Part XIV and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

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  
1b Contributions  
1c Investment earnings or losses  
1d Grants or scholarships  
1e Other expenditures for facilities and programs  
1f Administrative expenses  
1g End of year balance  

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  3a(i)
(ii) related organizations  3a(ii)

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

<table>
<thead>
<tr>
<th>Description of Investment</th>
<th>(a) Cost or other basis (Investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>47,197.</td>
<td></td>
<td></td>
<td>47,197.</td>
</tr>
<tr>
<td>b Buildings</td>
<td>960,859.</td>
<td>189,480.</td>
<td>771,379.</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>158,857.</td>
<td>147,080.</td>
<td>11,777.</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>132,325.</td>
<td>60,988.</td>
<td>71,337.</td>
<td></td>
</tr>
</tbody>
</table>

Total, Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c)).  
   901,690.
## Part VII Investments - Other Securities
See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial derivatives and other financial products</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col b) should equal **Form 990, Part X, col (B) line 12.**

## Part VIII Investments - Program Related
See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Col b) should equal **Form 990, Part X, col (B) line 13.**

## Part IX Other Assets
See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** (Column (b) should equal **Form 990, Part X, col (B) line 15.**

## Part X Other Liabilities
See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>DEPOSITS</td>
<td>16,007</td>
</tr>
</tbody>
</table>

**Total.** (Column (b) should equal **Form 990, Part X, col (B) line 25.**

16,007.**

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.
<table>
<thead>
<tr>
<th>Part XI</th>
<th>Reconciliation of Change in Net Assets from Form 990 to Financial Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Excess (or deficit) for the year. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net). Add lines 4-8</td>
</tr>
<tr>
<td>10</td>
<td>Excess (or deficit) for the year per financial statements. Combine lines 3 and 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part XII</th>
<th>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains on investments</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4e. (This should equal Form 990, Part I, line 12.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Part XIII</th>
<th>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
</tr>
<tr>
<td>c</td>
<td>Losses reported on Form 990, Part IX, line 25</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4e. (This should equal Form 990, Part I, line 18.)</td>
</tr>
</tbody>
</table>

**Part XIV Supplemental Information**

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

**PART XIII, LINE 2D - OTHER ADJUSTMENTS:**

**UNREALIZED LOSS**
### Part I | Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position (check all that apply)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEG MICKELSEN MEMBER</td>
<td>1.00 X</td>
<td></td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>JOHN CLARK PRESIDENT</td>
<td>40.00 X</td>
<td></td>
<td>98,729.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>LAURA GARRETT EXECUTIVE VICE-PRESIDENT</td>
<td>40.00 X</td>
<td></td>
<td>69,845.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

---

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

Schedule J-2 (Form 990) 2008
# SCHEDULE M (Form 990)

## NonCash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

### Name of the organization

COUNCIL ON AGING OF WEST FLORIDA, INC.

### Employer identification number

59-1373939

### Part I - Types of Property

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions</th>
<th>(c) Revenues reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining revenues</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
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<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
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<tr>
<td>5</td>
<td>Clothing and household goods</td>
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<tr>
<td>6</td>
<td>Cars and other vehicles</td>
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<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution (historic structures)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution (other)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archaeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other</td>
<td>(GENERAL)</td>
<td>X</td>
<td>740</td>
<td>182,634</td>
</tr>
<tr>
<td>26</td>
<td>Other</td>
<td>(ADVERTISING A)</td>
<td>X</td>
<td>1,676</td>
<td>98,524</td>
</tr>
<tr>
<td>27</td>
<td>Other</td>
<td>(PHYSICALS)</td>
<td>X</td>
<td>100</td>
<td>28,662</td>
</tr>
<tr>
<td>28</td>
<td>Other</td>
<td>(MEALS)</td>
<td>X</td>
<td>1</td>
<td>15,291</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>

### 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

**Yes**

### 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

**No**

### 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

**Yes**

### 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

---

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

Schedule M (Form 990) 2008
PART I, OTHER TYPES OF PROPERTY:

FURNITURE AND EQUIPMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 21

(C) REVENUE REPORTED ON FORM 990, PART VIII § 5900.

(D) METHOD OF DETERMINING REVENUE:
Supplemental Information to Form 990

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CREED.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER

SENIOR COMPANIONS

SENIOR COMPANIONS - COMPANIONSHIP

SENIOR COMPANIONS - RELIEF

PRIVATE PAY HOME DELIVERED MEALS

PRIVATE PAY ADULT DAY HEALTH CARE

NUTRITION EDUCATION

OUTREACH

RECREATION

TRANSPORTATION

ADULT DAYCARE/ADULT DAY HEALTHCARE/FACILITY-BASED RESPITE
Supplemental Information to Form 990

Name of the organization
COUNCIL ON AGING OF WEST FLORIDA, INC.

Employer identification number
59-1373939

CASE AID

SCREENING AND ASSESSMENT

CHORE

VENDOR-COMPAANIONSHIP

VENDOR-COUNSELING

VENDOR-EMERGENCY ALERT RESPONSE

VENDOR-ESCORT

VENDOR-FROZEN HOME DELIVERED MEALS

VENDOR-HOMEMAKER

VENDOR-HOUSING IMPROVEMENT

VENDOR-IN-HOME RESPITE

VENDOR-PERSONAL CARE

LHA  For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2008
S23211
12-10-08
COUNCIL ON AGING OF WEST FLORIDA, INC.

Employer identification number
59-1373939

VENDOR-PEST CONTROL

VENDOR-SKILLED NURSING

VENDOR-SPECIALIZED MEDICAL EQUIPMENT


FORM 990, PART VI, SECTION B, LINE 12C: EACH JULY ALL NEW AND RETURNING BOARD MEMBERS SIGN A CONFLICT OF INTEREST FORM INDICATING THAT THEY HAVE READ AND UNDERSTAND THE AGENCY'S CONFLICT OF INTEREST POLICY. THE POLICY IS ALSO REVIEWED WITH ALL STAFF AND IS STATED IN THE AGENCY'S GENERAL PERSONNEL POLICIES AND PROCEDURES MANUAL.

FORM 990, PART VI, SECTION B, LINE 15: THE AGENCY PERIODICALLY CONDUCTS SALARY AND COMPENSATION REVIEWS FOR ITS VARIOUS POSITIONS WITHIN THE AGENCY, INCLUDING CEO, BY CONTACTING SIMILAR AGENCIES WITHIN THE STATE AND BY REVIEWING STATE AND FEDERAL DATA ON SIMILAR POSITIONS. A SALARY SURVEY IS BEING CONDUCTED AT THIS TIME. COPIES OF THESE REVIEWS ARE AVAILABLE FOR REVIEW IN THE AGENCY'S PERSONNEL DEPARTMENT. ANY RAISE FOR THE CEO IS DETERMINED BY THE AGENCY'S EXECUTIVE COMMITTEE BASED ON JOB PERFORMANCE AND THE RESULT OF THESE SURVEYS.
FORM 990, PART VI, SECTION C, LINE 18: ITEMS ARE AVAILABLE IN PDF FORMAT ON THE AGENCY'S WEBSITE AT WWW.COAWFLA.ORG FOR PUBLIC REVIEW.

FORM 990, PART VI, SECTION C, LINE 19: ITEMS ARE AVAILABLE IN PDF FORMAT ON THE AGENCY'S WEBSITE AT WWW.COAWFLA.ORG FOR PUBLIC REVIEW.

THE AUDIT COMMITTEE SENDS OUT REQUESTS FOR PROPOSAL IF A NEW AUDITOR IS DESIRED. THE COMMITTEE ALSO REVIEWS THE AUDITED FINANCIAL STATEMENTS.
**Related Organizations and Unrelated Partnerships**

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNCIL ON AGING OF WEST FLORIDA, INC.</td>
<td>59-1373939</td>
</tr>
</tbody>
</table>

**Part I: Identification of Disregarded Entities**

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of disregarded entity</th>
<th>(B) Primary activity</th>
<th>(C) Legal domicile (state or foreign country)</th>
<th>(D) Total income</th>
<th>(E) End-of-year assets</th>
<th>(F) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Part II: Identification of Related Tax-Exempt Organizations**

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of related organization</th>
<th>(B) Primary activity</th>
<th>(C) Legal domicile (state or foreign country)</th>
<th>(D) Exempt Code section</th>
<th>(E) Public charity status (if section 501(c)(3))</th>
<th>(F) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>COUNCIL ON AGING FOUNDATION OF WEST FLORIDA, INC. - 59-2864564, 875 ROYCE STREET, PENSACOLA, FL 32503</td>
<td>ENCOURAGE, SOLICIT, PROMOTE, RECEIVE AND ADMINISTER GIFTS AND</td>
<td>FLORIDA</td>
<td>501(c)(3)</td>
<td>7</td>
<td>COUNCIL ON AGING OF WEST FLORIDA, INC.</td>
</tr>
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</tbody>
</table>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
### Part III  Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of related organization</th>
<th>(B) Primary activity</th>
<th>(C) Legal domicile (state or foreign country)</th>
<th>(D) Direct controlling entity</th>
<th>(E) Predominant income (related, investment, unrelated)</th>
<th>(F) Share of total income</th>
<th>(G) Share of end-of-year assets</th>
<th>(H) Disproportionate allocations?</th>
<th>(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(J) General or managing partner?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
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</tr>
</tbody>
</table>

### Part IV  Identification of Related Organizations Taxable as a Corporation or Trust

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of related organization</th>
<th>(B) Primary activity</th>
<th>(C) Legal domicile (state or foreign country)</th>
<th>(D) Direct controlling entity</th>
<th>(E) Type of entity (C corp, S corp, or trust)</th>
<th>(F) Share of total income</th>
<th>(G) Share of end-of-year assets</th>
<th>(H) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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</tr>
</tbody>
</table>
## Part V  Transactions With Related Organizations

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Gift, grant, or capital contribution to other organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Gift, grant, or capital contribution from other organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Loans or loan guarantees to or for other organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Loans or loan guarantees by other organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Sale of assets to other organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Purchase of assets from other organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Exchange of assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. Lease of facilities, equipment, or other assets to other organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Lease of facilities, equipment, or other assets from other organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k. Performance of services or membership or fundraising solicitations for other organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l. Performance of services or membership or fundraising solicitations by other organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m. Sharing of facilities, equipment, mailing lists, or other assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n. Sharing of paid employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o. Reimbursement paid to other organization for expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p. Reimbursement paid by other organization for expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q. Other transfer of cash or property to other organization(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r. Other transfer of cash or property from other organization(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(A) Name of other organization(s)</th>
<th>(B) Transaction type (a/r)</th>
<th>(C) Amount involved</th>
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### Part VI  Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of entity</th>
<th>(B) Primary activity</th>
<th>(C) Legal domicile (state or foreign country)</th>
<th>(D) Are all partnerships section 50% or more owned?</th>
<th>(E) Share of end-of-year assets</th>
<th>(F) Disproportionate allocations?</th>
<th>(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(H) General or managing partner?</th>
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Schedule R (Form 990) 2008